

# **Child and Family Services Review Final Assessment**

**Delaware**

**June 22, 2001**

**U.S. Department of Health and  
Human Services  
Administration for Children  
and Families  
Region III**

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## **Introduction**

Pursuant to section 1123A of the Social Security Act and 45 CFR 1355.31 through 1355.37, the Administration for Children and Families (ACF) is charged with the review of State child and family services programs. The purpose of the reviews is to determine the States' substantial conformity with State plan requirements and other requirements under titles IV-B and IV-E of the Act.

The Child and Family Services Review in Delaware covered the range of child and family services programs funded through titles IV-B and IV-E, including child protective services, foster care, adoption, independent living and family support and preservation services. The review process was twofold. The first phase consisted of a statewide assessment completed by Delaware staff and submitted to ACF Region III. The statewide assessment included data profiles on children in foster care and children served through the child protective service system. These profiles have been used in the determination of the effectiveness of foster care and child protective services in Delaware. The second phase of the process was the onsite review, which was conducted in Delaware from March 12-16, 2001. This included intensive reviews of a sample of cases and interviews with State and local stakeholders in the provider and services delivery community. Information from both phases was used to determine the States' substantial conformity with the requirements under review.

The review team that evaluated Delaware's performance consisted of State and Federal staff, consultant (peer) reviewers selected from a national pool of qualified reviewers, and State representatives who are not staff of the State or local office being reviewed. The Delaware Review Team member list with affiliations is enclosed.

The review evaluates seven specific outcomes of services delivered to children and families, in the areas of safety, permanency, and child and family well being. The outcomes are:

Safety: (1) Children are, first and foremost, protected from abuse and neglect and (2) children are safely maintained in their homes whenever possible and appropriate.

Permanency: (1) Children have permanency and stability in their living situations and (2) the continuity of family relationships and connections is preserved for children.

Child and Family Well-being: (1) Families have enhanced capacity to provide for their children's needs, (2) children receive appropriate services to meet

educational needs, and (3) children receive adequate services to meet their physical and mental health needs.

In addition to reviewing individual case outcomes, the review process also examined seven systemic factors that affect the State's capacity to deliver services in a manner that promotes positive outcomes for children and families. The systemic factors reviewed include (1) statewide information system; (2) case review system; (3) quality assurance system; (4) training; (5) service array; (6) agency responsiveness to the community; and (7) foster and adoptive parent licensing, recruitment, and retention. Information from the statewide assessment and the onsite case reviews and stakeholder interviews provided the basis for evaluating the systemic factors in the review.

Through examining case outcomes and systemic factors, the review process identified both strengths and areas needing improvement in the State's programs. For those areas in which the State was determined to not be operating in substantial conformity with requirements under review, the State has the opportunity to implement a program improvement plan designed to correct the areas of nonconformity. Although the State is advised of applicable penalties associated with the degree of nonconformity, the penalties are not assessed until the State has had an opportunity to correct the areas of nonconformity through the program improvement plan.

The Delaware review covered Federal Fiscal Year 1999, which began October 1, 1998 and ended September 30, 1999. In reviewing cases, the review team accepted case information up to the present time. The review process consisted of the following activities:

- The State completed the statewide assessment during the period of December 2000 through January 2001.
- The state members of the review team and the ACF Region III Office selected three locations for the onsite review activities. The locations selected were New Castle County, Kent County and Sussex County.
- The joint State and Federal review team, which consisted of 37 members, was divided into three local teams; one for each of the three locations. The entire team examined 39 cases of children and families served by the agency, and included interviews with the children, parents, foster parents, caseworkers, and service providers for each case. The team also conducted interviews with State and local stakeholders on the systemic factors under review in each location and for the State as a whole.

The results of the statewide assessment, the onsite case reviews and the stakeholder interviews were compiled by the review team for this report and

were used to make a determination about the State's substantial conformity with regard to each of the seven outcomes and each of the seven systemic factors. The following report is a summary of the information obtained during the review pertaining to each outcome and systemic factor, and the performance indicators used to evaluate them.

## **Executive Summary**

### **Introduction**

The review team was very encouraged to have found significant strengths in Delaware's programs in such key outcome areas as timely initiation of investigations; services to protect children in their own homes; stability of foster care placements; independent living services; proximity of foster care placements; sibling and relative placements; involvement of children and families in case planning; worker visits with parents and children; and the assessment of the physical and mental health needs of children. The review also found strengths in Delaware's State Systems including the statewide information system; case review system; quality assurance system; training; the array of services available to children and families; the agency's responsiveness to the community; and foster and adoptive parent licensing, recruitment and retention.

In addition, the review also found areas that require improvement by the State. These include certain aspects of child safety, including improved response to repeat maltreatment and improved assessment of risks to children. There are needs in the area of permanency in such aspects as re-entry of children into foster care; making earlier permanency decisions for children; improvements in adoption indicators; and in improved visiting with parents and siblings. There are areas of need in child and family well-being. These include assessment of needs and services for children, parents and foster parents; and meeting the educational needs of children.

### **Key findings Relating to Safety, Permanency and Well-Being**

In order for the State to be determined to be in substantial conformity on any given outcome, the outcome must be determined to be substantially achieved in 90 percent of the cases reviewed in the first review. In addition, the State must meet the national standard that has been established for any statewide aggregate data attached to that particular outcome.

#### **I. Safety**

- 86.49% of the cases reviewed substantially achieved Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

The statewide data indicators for FY 1999 met the national standards for Repeat Maltreatment and Maltreatment of Children in Foster Care.

The review found that Delaware's intervention on initial reports of maltreatment was timely and appropriate and met all State standards.

Case reviews indicated that agency intervention reduced subsequent maltreatment, however there were concerns regarding incidents occurring in open cases that should have been processed as reports.

- 82.86% of the cases reviewed substantially achieved Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

The Governor of Delaware and the Secretary of DSCYF have identified Child Safety as the number one priority.

Case reviews detailed how multiple services were provided to keep children in their own homes, however there appeared to be limited services in substance abuse and mental health treatment.

Stakeholders indicated that the agency understands and respects the need for families to stay together.

The review found that there were delays in obtaining psychological evaluations of parents and children.

Concerns were identified regarding how safety issues are addressed in out of state DYRS placements

## **Status of Safety Outcomes: Not in Substantial Conformity**

## **II. Permanency**

- 90.91% of the cases reviewed substantially achieved Permanency Outcome 1: Children will have permanency and stability in their living situations.

New data, provided by Delaware on May 30, 2001 for Foster Care Re-entries, indicate that Delaware meets the national standard. The statewide data indicators for FY 1999 indicate that Delaware does not meet the national standard for the Length of Time to Achieve Adoption. The statewide indicators for FY 1999 met the national standards for Stability of Foster Care Placements and Length of Time to Achieve Reunification.

The case review found that few children re-entered foster care and that, where re-entries occurred, they were for appropriate reasons.

Children were found to be stable in their placements and many children were adopted by their foster parents.

The case reviews found that the Permanency Committee met consistently to recommend permanency goals for children, however in some cases it took a long time to achieve permanency.

Although reviewers noted recent improvements in moving cases forward to permanency, several cases reviewed still had significant delays in achieving termination of parental rights that resulted in major delays in achieving adoption.

The review found that permanency issues need to be addressed in a more effective manner in DYRS cases. The cases did not provide any indication that steps were being made to achieve permanency for these children.

Older youth in foster care received Independent Living life skills and other supportive services and independent living plans were included in case records.

Case reviews found significant child-specific recruitment efforts were made for children with special needs.

The State utilized specialized foster homes for children with significant health and/or mental health issues that became permanent families.

Delays in finalizing adoptions were noted in several of the cases evaluated. These delays included the length of time to go through the Interstate Compact on the Placement of Children process; the lack of readily available adoptive families; the length of time for adoption training to be held; court appeals on termination of parental rights orders; and the time necessary to check criminal records. These delays resulted in cases taking 24 to 40 months to terminate parental rights with an additional two to three years to finalize the adoptions.

Long-term foster care was found to be an appropriate permanency goal for several children in the cases assessed.

- 80.95% of the cases reviewed substantially achieved Permanency Outcome 2: The continuity of family relationships and connections will be preserved for children.



In the cases evaluated, placements were usually made in the same community as the family and children tended to stay in the same school.

The case review indicated that the agency made attempts to place siblings together and when siblings were separated, this was generally due to the child's needs and was appropriate.

A lack of planning for and carrying out visitation between siblings was found in 37% of the cases evaluated.

The review indicated that primary connections between children and extended family were maintained, when appropriate, while children were in foster care.

Grandparents were involved in family activities for children in foster care.

Case reviews indicated that relatives were diligently sought out, evaluated and considered for placement and that efforts were made to identify unavailable or unknown fathers.

Visits were used to reinforce parenting skills.

### **Status of Permanency Outcomes: Not in Substantial Conformity**

## **III. Child and Family Well-Being**

- 66.67% of the cases reviewed substantially achieved Well-Being Outcome 1: Families will have enhanced capacity to provide for their children's needs.

The review found that there was a lack of comprehensive assessments for children and families being served by the agency. This lack of assessments contributed to children and families not receiving appropriate services to meet their needs, which often resulted in cases being closed without the provision of necessary services.

Case reviews documented the use of specialized assessments on sexual abuse, physical health and mental health to identify specific needs of the child and family.

Important issues for the family such as substance abuse, past sexual abuse and grief/loss issues were not identified.

The review found that there was broad-based involvement of families, foster parents and some children in case planning statewide. Stakeholder groups of parents and foster parents were aware of case issues and were involved in planning and case reviews.

There was evidence provided in two of the sites reviewed that workers exceeded the required frequency of visits in both in-home child protective services and foster care cases.

In one site reviewed, five of the in-home child protective services cases did not meet the State's requirements for CPS contact with the child.

### **Status of Well-Being Outcome WB1: Not in Substantial Conformity**

- 87.88% of the cases reviewed substantially achieved Well-Being Outcome 2: School-age children will have educational achievement appropriate to their abilities.

Individualized Education Plans and specialized education services were addressed in the cases evaluated in one site.

Workers were found to have good communication with schools and the foster care records reviewed included education information.

Educational information was generally not gathered for the in-home child protective services cases evaluated by one of the review teams unless education was singled out as a significant issue.

### **Status of Well-Being Outcome WB2: Not in Substantial Conformity**

- 92.11% of the cases reviewed substantially achieved Well-Being 3: Children will receive adequate services to meet their physical and mental health needs.

Physical health was assessed in the cases evaluated. Medical and dental exams were current in the foster care cases reviewed.

The review found special attention was paid to children with sexual abuse issues.

Mental health assessments were generally found in the foster care cases. Children received mental health services when the issue was identified.

There was a lack of assessments and mental health services for in-home child protective services cases.

### **Status of Well-Being Outcome WB3: In Substantial Conformity**

#### **Key Findings for Seven Systemic Factors**

##### **I. Statewide Information System**

Stakeholders reported that FACTS readily identifies the status, basic demographic data, location, goals and tracks every child through the child welfare system.

Stakeholders explained that the system provides excellent coverage of a case from investigation through permanency and supervisors indicated that FACTS has the ability to track the caseloads of staff.

Stakeholders noted that hardware is outdated and software for DFS staff hampers communications with other systems.

### **Status of Statewide Information System: Substantial Conformity**

##### **II. Case Review System**

Stakeholders indicated that the Plan for Child in Care is a strong tool that addresses the child's needs.

Stakeholder interviews and case reviews indicate that case plans are routinely in place for families and children.

The review found that some case plans did not contain outcome-oriented goals, but just listed the services provided to the child and family. There was little indication of the progress made toward the goals of the case plan.

Case reviews showed that all plans were reviewed timely by the courts, agency and the review board.

There is evidence that the quality of periodic reviews has improved due to reduced caseloads, declining staff turnover rates, better casework due to improved in-service and new worker training, and effective supervision.

Although permanency hearings are occurring for all DFS children as seen by the review of cases, DYRS cases are not always receiving permanency hearings statewide.

Some stakeholders explained that automated tracking to ensure timely permanency hearings is not occurring in the FACTS system.

Guardians-ad-litem are not appointed for all children who are abused, neglected or dependent.

Stakeholders noted vast improvements in the timeliness of filing termination of parental rights petitions.

State stakeholders indicated that there are delays in the length of time to terminate parental rights, which extends the timelines for finalization of adoptions. These delays are caused by failures to make early permanency determinations during the initial assessment process, court delays involving extensive continuances and appeals, lack of strong advocacy in courts for prompt terminations, and State policy which requires that children be placed for 12 months in an adoptive home before seeking finalization of the adoption.

Stakeholders in Kent and Sussex County indicated that foster parents receive adequate notice of hearings and are given an opportunity to be heard during the hearing.

## **Status of Case Review System: Substantial Conformity**

### **III. Quality Assurance System**

Stakeholders indicated that workers were aware of standards in such areas as timeliness of investigations, contact with families, and medical treatment in foster care.

Case reviews showed that safety is addressed in case plans.

Stakeholders commented that Delaware has a Quality Assurance system in place that regularly reviews a random sample of cases.

### **Status of Quality Assurance System: Substantial Conformity**

## **IV. Training**

DFS staff stated that new worker pre-service training is a positive tool. Stakeholders statewide reported that many improvements have been made to enhance pre-service training for staff.

Staff in New Castle County explained that they now have "coaches", mentors and "over-hires" to improve casework practice and reduce staff turnover.

Stakeholders reported that DYRS staff do not have the same level of training as DFS staff. Training for DYRS staff does not include pre-service.

Interviews with staff noted that DFS offers comprehensive in-service training for staff, most of which is mandatory.

Stakeholders indicated a need for more options for in-service training content such as legal aspects, substance abuse, attachment disorders, adolescent issues, termination of parental rights proceedings and adoption, and sexual abuse issues.

Foster parents are trained using the Child Welfare League of America's PRIDE curriculum. Foster parents reported in stakeholder interviews that this training is positive and useful.

### **Status of Training: Substantial Conformity**

## **V. Service Array**

Intensive (in-home) reunification services, preservation and support services, and outpatient substance abuse services were sufficiently available in several sites.

The Title IV-E Demonstration/Waiver project allows substance abuse workers to accompany DFS workers to homes.

Case reviews and stakeholders indicated that there is a wide array of parenting services in Kent County including parent aides and parenting classes. There are no waiting lists for parent aide services.

DYRS has a Multi-System Therapy (MST) program which is a statewide home-based diversion service for juveniles.

Stakeholders reported that the medical resources at A.I. Dupont Hospital have been very helpful.

Kent County cases indicated that individualized services were utilized such as wraparound services, Boys and Girls Clubs, family preservation, and intensive reunification services.

Family preservation services (information and referral, in-home counseling and parent aides) in Sussex County were individualized to meet the needs of children and families as shown by the cases examined.

Stakeholders reported gaps in services including in-state group and/or residential treatment, "step-down" placements to bring children back to Delaware from out-of-state, therapeutic placement options, services for adolescents, independent living and transitional living services, wraparound services, post adoption services, mental health treatment, substance abuse treatment, and crisis services for foster parents to support and maintain placements.

Stakeholders and case reviews in New Castle County indicated that services were individualized to meet the needs of children and families.

The cases examined in the review showed that flexible funding was used to provide individualized services. Stakeholders indicated that DYRS cases in Kent County were unable to utilize flexible funding due to a lack of availability and administrative difficulties.

Case reviews and stakeholders found that services for adolescent group homes, independent living services, and behavioral health were less available in Sussex County than in the other counties.

### **Status of Service Array: Substantial Conformity**

## **VI. Agency Responsiveness to the Community**

Stakeholders indicated that there was regular consultation between the State Agency and the Department of Education, child placing agencies, mandated reporters, Family Court, and interagency committees.

Statewide stakeholders reported issues, concerns, and frustrations with the lack of coordination among DFS, DYRS and Division of Children's Mental Health.

### **Status of Agency Responsiveness to the Community: Substantial Conformity**

## **VII. Foster and Adoptive Parent Licensing, Recruitment and Retention**

Stakeholders indicated that foster homes are studied according to acceptable standards, and are reviewed annually and on time.

Stakeholders support the foster home coordinators who provide training, coordination with other staff, and support to foster parents.

All foster parents, relatives and non-relatives, are held to the same licensing standards and that licensing reviews are conducted regularly.

All counties indicated that criminal background checks are completed on a timely basis.

Stakeholders reported that a One Church - One Child program is underway and that new efforts are in progress to increase use of the media in foster and adoptive parent recruitment. A statewide foster care reform taskforce has been created to increase recruitment and address foster parent retention.

Stakeholders indicated that licensing standards for foster family homes and child care institutions are uniformly implemented on a statewide basis.

State and local stakeholders reported a general need for foster homes to meet the needs of children coming into care.

State and local stakeholders reported regular use of exchanges, photolistings and Internet services to facilitate adoptive placements.

## **Status of Foster and Adoptive Parent Licensing, Recruitment and Retention: Substantial Conformity**

Through an analysis of the review indicators, the team determined that Delaware has not substantially achieved six of the seven outcomes. All seven systemic factors are substantially achieved.

Subsequent to the review, three inconsistencies were found in the review. Delaware's responses on the three issues have been incorporated into the final report.

A discussion of the complete findings of this review is included in the Summary of Findings.

A program improvement plan is required to address the six outcomes. The program improvement plan must include measures to bring each outcome up to substantial achievement and to bring the statewide data indicators up to the national standard or to a level that is agreed upon. The safety outcomes are to be given priority in the plan and must be addressed in less than two years. The State is required to submit a program improvement plan to the Region III Office within 90 days of receipt of this full report.

The Region III staff will work with Delaware to develop the program improvement plan. The Regional Administrator will then review the completed plan and notify the State as to approval or disapproval. In the event that the program improvement plan is not approved, the State will have an opportunity to submit a revised plan.



# **Summary of Findings**

## Summary of Findings

### I. SAFETY

| <b>Outcome S1: Children are, first and foremost, protected from abuse and neglect</b>   |                          |                           |                       |                               |                         |
|---|--------------------------|---------------------------|-----------------------|-------------------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b> |                          |                           |                       |                               |                         |
|   | <b>New Castle</b>        | <b>Kent</b>               | <b>Sussex</b>         | <b>Total Number</b>           | <b>Total Percentage</b> |
| Substantially Achieved:   | 15                       | 8                         | 9                     | 32                            | 86.49%                  |
| Partially Achieved:   | 0                        | 3                         | 1                     | 4                             | 10.81%                  |
| Not Achieved or Addressed:  | 0                        | 0                         | 1                     | 1                             | 2.70%                   |
| Not Applicable:   | 1                        | 1                         | 0                     | 2                             |                         |
| <b>Conformity of Statewide data indicators with national standards:</b>                 |                          |                           |                       |                               |                         |
|   | <b>National Standard</b> | <b>State's Percentage</b> | <b>Meets Standard</b> | <b>Does Not Meet Standard</b> |                         |
| Repeat maltreatment   | 6.1%                     | 2.15%                     | X                     |                               |                         |
| Maltreatment of children in foster care   | .57%                     | .05%                      | X                     |                               |                         |

#### **Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment**

  X   Strength                             Area Needing Improvement

#### **Basis: Statewide Assessment**

When DFS cases are accepted for investigation, a decision is made to assign the case for an urgent response by the worker to investigate within 24 hours, or a routine response requiring worker contact with family participants within 10 calendar days. In 1999, DFS identified the timely face to face contacts with families as the number one priority in assuring safety. In September 1999, 87 percent of initial contacts in investigation cases were on time; 65 percent of initial contacts in treatment cases were on time and 74 percent of ongoing contacts in treatment cases were on time. Since then, there has been significant improvement in timely

response with 97 percent of initial investigation contacts on time; 98 percent of initial contacts in treatment cases on time, and 99 percent of contacts in ongoing treatment cases were on time by June 2000.

**Basis: Onsite Review**

**Strengths**

- The cases reviewed found that reports of maltreatment were responded to in accordance with or exceeded State time frames.
- Appropriate priority levels were assigned to the investigation cases examined.
- Case reviews indicated that children were seen during the worker's initial response and family members were interviewed face-to-face as required by DFS policy.
- Stakeholder interviews illustrated there has been a great improvement in response to reports of maltreatment.

**Area Needing Improvement**

None

**Item 2. Repeat Maltreatment**

\_\_\_\_ Strength                        X   Area Needing Improvement

**Basis: Statewide Assessment:**

The recurrence of maltreatment in Delaware declined from 1998 to 1999 (6.91 percent to 2.15 percent). The Statewide Assessment indicated that the current maltreatment rate without a subsequent increase in children entering care, reflects decision making and safety planning for children. A recent evaluation report noted that the trend towards lower percentages of abuse recurrences is the consequence of increased attention to safety issues in case management and the improvement in the percent of ongoing treatment contacts made on time. Statewide data indicators for FY1999 met the national standard for repeat maltreatment and maltreatment of children in foster care.

## **Basis: Onsite Review**

### **Strengths**

- Case reviews indicated that agency intervention reduced subsequent maltreatment in cases where prior reports were received.

### **Area Needing Improvement**

- Case reviews documented concerns regarding incidents occurring in open cases that should have been, but were not, processed as reports of abuse and/or neglect.
- Evidence of multiple reports, some with the same perpetrator and some reports for the same reasons, occurred without appropriate responses by the Department to ensure that safety of the children was documented in some cases.

## **Status of Safety Outcome S1 - Not in Substantial Conformity**

86.49% of the cases reviewed substantially achieved Safety Outcome S1. Statewide data indicators for FY1999 met the national standard for repeat maltreatment and maltreatment of children in foster care. The State showed strengths in initiating investigations, however some cases indicated a recurrence of maltreatment without appropriate agency responses.

| <b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b> |                   |             |               |                     |                         |
|---|-------------------|-------------|---------------|---------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b>             |                   |             |               |                     |                         |
|   | <b>New Castle</b> | <b>Kent</b> | <b>Sussex</b> | <b>Total Number</b> | <b>Total Percentage</b> |
| Substantially Achieved:   | 9                 | 10          | 10            | 29                  | 82.86%                  |
| Partially Achieved:   | 1                 | 0           | 0             | 1                   | 2.86%                   |
| Not Achieved or Addressed:  | 4                 | 0           | 1             | 5                   | 14.28%                  |
| Not Applicable:   | 2                 | 2           | 0             | 4                   |                         |

### **Item 3. Services To Families to Protect Children in Their Homes and Prevent Removals**

  X   Strength                             Area Needing Improvement

#### **Basis: Statewide Assessment**

DFS provides services to over 6000 families. In addition to agency provided services, DFS contracts with community-based agencies to provide home based services to families identified as being at risk of abuse or neglect. Families may be assigned a paraprofessional to assist the family in a variety of ways where there is low risk of abuse and/or neglect. In cases where the risk of abuse and/or neglect is moderate, DFS offers Home Based Family Support Counseling (HBFS). For cases where the risk of abuse and/or neglect is high, DFS offers to clients intensive Home Based Services (IHBS) which operates much like Family Preservation.

#### **Basis: Onsite Review**

##### **Strengths**

- Case reviews detailed how multiple services were provided to keep children in their own homes.
- Interviews with parents and case reviews showed that the agency offers a wide array of services such as parent aides and intensive family counseling to prevent unnecessary removal.
- Stakeholders indicated that the agency understands and respects the need for families to stay together.
- The review found that the agency maximizes available services – often by having caseworkers serve as support to families.

### **Area Needing Improvement**

- Case reviews identified a concern that there appears to be a limited amount of services for particular issues such as substance abuse and mental health treatment.
- The review found delays in obtaining psychological evaluations for parents and children.
- Some of the issues that reviewers noted were attributed by stakeholders to the high staff turnover rate in one county, which has been addressed by the Department.

## **Item 4. Risk of Harm to Children**

\_\_\_\_ Strength                        X   Area Needing Improvement

### **Basis: Statewide Assessment**

Child safety is assured through an array of services developed as part of a formal safety assessment tool. These services are tied to the case plan and guide workers regarding safety of the child.

### **Basis: Onsite Review**

#### **Strengths**

- Stakeholder interviews identified that the Governor and Secretary of DSCYF have made child safety the number one priority
- Case reviews showed that effective informal use of relatives helped stabilize emergency situations.
- As shown by the case reviews, children were maintained in their own homes through the use of multiple services including wrap-around.
- In cases where children were removed and placed in foster care, placement was made for appropriate safety reasons when the children could not be protected at home.

#### **Area Needing Improvement**

- Case reviews indicated that there were instances when cases were prematurely closed before risk factors were completely resolved. Reviewers in one site examined several cases that had been closed and re-opened for service, several times for the same general concerns.

- Case reviews identified that some parents were uncooperative and cases were closed even if risk factors continued. Stakeholder interviews explained that if families chose not to cooperate, and the situation did not rise to the level that required removal of the children, then the case was closed despite ongoing risk factors and a lack of progress toward case goals.
- Cases lacked clear safety goals for open protective service cases, resulting in case closure before risk factors were resolved.
- The review identified concerns regarding how safety issues are monitored in out of state DYRS placements.
- Staff seemed to lack recognition of the relationship between domestic violence and child abuse and/or neglect. The failure of agency staff to address the domestic violence conditions of some families was found in the case reviews.
- The findings of the review indicated a lack of assessments of risk in several cases that resulted in appropriate services not being provided to reduce the risk of harm.

**Status of Safety Outcome S2 - Not in Substantial Conformity**

82.86% of the cases reviewed substantially achieved Safety Outcome S2. The State showed considerable strength in services to protect children in their own homes, however there were cases where risk factors were not appropriately considered.

## II. PERMANENCY

| <b>Outcome P1: Children have permanency and stability in their living situations.</b>   |                          |                           |                       |                               |                         |
|---|--------------------------|---------------------------|-----------------------|-------------------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b> |                          |                           |                       |                               |                         |
|   | <b>New Castle</b>        | <b>Kent</b>               | <b>Sussex</b>         | <b>Total Number</b>           | <b>Total Percentage</b> |
| Substantially Achieved:   | 6                        | 8                         | 6                     | 20                            | 90.91%                  |
| Partially Achieved:   | 1                        | 1                         | 0                     | 2                             | 9.09%                   |
| Not Achieved or Addressed:  | 0                        | 0                         | 0                     | 0                             |                         |
| Not Applicable:   | 9                        | 3                         | 5                     | 17                            |                         |
| <b>Conformity of Statewide data indicators with national standards:</b>                 |                          |                           |                       |                               |                         |
|   | <b>National Standard</b> | <b>State's Percentage</b> | <b>Meets Standard</b> | <b>Does Not Meet Standard</b> |                         |
| Foster care re-entries  | 8.6%                     | 6.26% *                   | X                     |                               |                         |
| Stability of foster care placements   | 86.7%                    | 97.65%                    | X                     |                               |                         |
| Length of time to achieve reunification   | 76.2%                    | 83.6%                     | X                     |                               |                         |
| Length of time to achieve adoption  | 32.0%                    | 7.89%                     |                       | X                             |                         |
| Length of stay in foster care**   | NA                       | NA                        | NA                    | NA                            |                         |

\* New data provided by Delaware on 5/30/01 meets National Standard.

\*\*Not used to determine substantial conformity.

### Item 5. Foster Care Re-Entries

  X   Strength                                 Area Needing Improvement

#### **Basis: Statewide Assessment**

Delaware initially reported that in FY 1999, 155 children (15.47%) re-entered foster care within 12 months of a prior foster care episode. New data submitted by Delaware on May 30, 2001 indicate that 107 children



(6.26%) re-entered care within 12 months. These new data indicate that Delaware meets the national standard for foster care re-entries for FY1999, based on the national standard of 6% plus the sampling error of 1.34% or 7.34%.

### **Basis: Onsite Review**

#### **Strengths**

- Case reviews found there were few multiple re-entries of children back into foster care in the case review sample.
- Where re-entries of children into foster care did occur, they were judged by the reviewers to be for appropriate reasons.

#### **Area Needing Improvement**

- Stakeholder interviews identified that children were reunified based on parents receiving substance abuse treatment. Once reunification occurred, parents dropped out of treatment.
- Because of the short time frame between the time a child is removed and when reunification occurs, stakeholders felt that some reunifications were not as stable as they may appear.
- Stakeholder interviews indicated that re-entries of children into foster care may occur due to the lack of support for families after reunification is achieved.

### **Item 6. Stability of Foster Care Placements**

  X   Strength                             Area Needing Improvement

#### **Basis: Statewide Assessment**

In Delaware, 97.67% of children in care less than 12 months have had no more than two placement settings. For all children in care regardless of the length of time, the placement stability rate is 82.8%. The rate of the cohort group was similar to the Point-In-Time data with 96.5%. While Delaware's placement stability rate is well within the national standard, some children have multiple changes in placement. During the statewide assessment process, DFS reviewed a sample of children in care with multiple placements. At the time of the sample, there were 986 children in foster care. Of those children, the vast majority (approximately 696 or

70.85%) had only one placement. However, for the 290 (29.15%) children that had more than one placement, there were many contributing factors. An analysis of the children with multiple placements showed that the overwhelming factor seemed to be the child's age. In reviewing placement data for 58 adolescents with more than one placement episode, 84% also had open cases with the youth probation and aftercare system (Division of Rehabilitative Services). Of that same group of adolescents, 82.75% had active cases with the Division of Child Mental Health. Statewide data indicators met the national standard for stability of foster care placements.

### **Basis: Onsite Review**

#### **Strength**

- Case reviews illustrated that children were stable in their placements.
- When children did move, the case reviews found that these moves were to transition the children into more permanent placements.
- The review identified that services were utilized to stabilize placements and to prevent disruptions.
- Case reviews showed that many children were adopted by their foster parents.
- Stakeholder interviews found that foster home coordinators were seen as effective support to foster parents through their continued contact with the family and coordination between the family and other DFS staff.

#### **Area Needing Improvement**

None

### **Item 7. Permanency Goals for Children**

\_\_\_\_ Strength                        X   Area Needing Improvement

#### **Basis: Statewide Assessment**

Delaware met the National Standard on reunification. There was a noticeable difference in the percentage of children with a goal of reunification in the cohort group (55.7% in 1999) as opposed to 29.8% for a point-in-

time during 1999. Also there was a noticeable difference in the percentage of children with the goal of adoption 18% for a point-in-time as compared to 1.4% for the entry cohort group. The State has made recent effort to do a better job in moving children to permanency. The State has increased the permanency staff by four workers. The permanency committee has begun to review all children who have been in out of home care for nine out of fifteen months. A permanency coordinator has been hired to track all children entering out of home care in conjunction with the ASFA time lines. Concurrent planning and exploring relative resources for children entering care have been instituted. While the goal of adoption is being decided on a more timely basis, adoptive resources have not kept pace with the need. The median length of time to achieve an adoption was over 41 months in 1999. DFS has implemented several programs to help prevent unnecessary delays. The first is a "Wrap Around" process in which children and their families (or caregivers) are provided with the resources that are needed to help the family stay together. The second process that DFS is utilizing is called the Multi-Disciplinary Treatment Teams (MDT) which are designed to bring together staff from several divisions to formulate a plan to address the child's individual and family needs.

Sixty-four percent (64%) of children in DYRS have reunification as their permanency plan. A small percentage of DYRS children have the goal of long term care or emancipation. The number of children with a goal of long term foster care decreased from 1998 to 1999 (from 55 to 41, respectively) due to a change in policy. On the other hand, the number of children with a goal of emancipation nearly doubled from 1998 to 1999, from 49 children to 104 children, respectively. There was a slight increase in the number of children with a goal of guardianship, from 14 children in 1998 to 17 children in 1999.

## **Basis: Onsite Review**

### **Strengths**

- Long term foster care was found to be an appropriate permanency plan in the sample cases reviewed.
- Case reviews demonstrated that the Permanency Committee met consistently to recommend permanency goals for children in care for nine months.
- Guardianship and adoption goals were achieved in several of the cases reviewed.
- Case reviews specified that there were instances when early decisions were made on children's permanency goals.

### **Area Needing Improvement**

- Case reviews documented that it took an extremely long time to achieve the child's permanency goal in some cases evaluated.
- Although reviewers noted recent improvements in moving cases forward to permanency, several cases reviewed still had significant delays in achieving termination of parental rights (one case that took 40 months) that resulted in major delays in achieving adoption.
- Stakeholders indicated significant improvement in the agency's efforts to achieve permanency, but they noted there continues to be a "backlog" of children waiting for their permanency goal to be achieved.
- The review found that permanency issues need to be addressed in DYRS cases. These cases did not provide any indication that steps were being made to achieve permanency for these children.
- State and local stakeholder interviews pointed out that there are delays in selecting permanency goals for children.

## **Item 8. Independent Living Services**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The Statewide Assessment indicates noticeable improvement in the independent living resources for older youth. Delaware has established an operational definition of Independent Living that assures youth in the Department's care will achieve self-sufficiency. Youth are expected to demonstrate their movement toward self-sufficiency. The philosophy of preparing youth for independence has been woven into the State's approach to providing services for youth.

## **Basis: Onsite Review**

### **Strength**

- The review indicated that older youth in foster care received Independent Living life skills and other supportive services.
- Case reviews identified independent living plans in case records.
- Stakeholder interviews and case reviews provided documentation that skilled foster parents provided independent living education to their foster children.
- As shown by the case reviews, children were enrolled with the Independent Living contract program in one site to learn life skills.
- Stakeholder interviews indicated new Independent Living contracts would be in place in all three Delaware counties as of July 2001 to allow all eligible youth to participate in these services.

### **Area Needing Improvement**

- Stakeholder interviews indicated a need for more independent living services in two sites.

## **Item 9. Adoption**

\_\_\_\_\_Strength

  X  Area Needing Improvement

### **Basis: Statewide Assessment**

In 1999 there was a dramatic increase in the number of children with the permanency goal of adoption. In 1998, 138 children had a goal of adoption as compared to 230 children in 1999, an increase of 93%. The State failed to meet the National Standard on the length of time to achieve adoption. The State has indicated that the reasons for this include: Policy that a child be placed in an adoptive home for one year prior to finalization and Courts usually take 12 months or more to complete termination of parental rights proceedings.

## **Basis: Onsite Review**

### **Strengths**

- Case reviews found significant child-specific recruitment efforts were made for children with special needs.
- The review found that the State utilized specialized foster homes for children with significant health and/or mental health issues as placement options that then became permanent families.
- Extensive use of national, regional and local exchanges was noted.

### **Area Needing Improvement**

- Delays in finalizing adoptions were noted in several of the cases evaluated. These delays included the length of time to go through the Interstate Compact on the Placement of Children process; the lack of readily available adoptive families; the length of time for adoption training to be held; court appeals on termination of parental rights orders; and the time necessary to check criminal records. These delays resulted in cases taking 24 to 40 months to terminate parental rights with an additional two to three years to finalize the adoptions.
- Stakeholder interviews stipulated that the state experienced delays in making children legally free for adoption due to court backlogs.
- State and local stakeholder interviews indicated there were delays in selecting permanency goals and in achieving termination of parental rights.
- Onsite review activities confirmed the information contained in the Statewide Assessment regarding State policy requiring a child be placed in an adoptive home for 12 months prior to finalization. In addition, the Courts take 12 months or more to complete termination of parental rights proceedings.

## **Item 10. Permanency Goals of Other Planned Permanent Living Arrangements**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The Statewide Assessment indicated that there is a population of youth for whom permanency may not be achieved. These youth are typically seriously emotionally disturbed, behaviorally disordered, or juvenile delinquents. These youth often may have a relationship with their family and or they refuse to pursue permanency through adoption. The Division changed its permanency goal selection to include long term care/emancipation as a permanency option to adequately reflect the status of these youth. This change fits with the philosophy that every child in care needs to be prepared for independent living and that independent living services are provided to every child. The number of children with a goal of emancipation more than doubled from 1998 to 1999, from 49 children to 104 children. The Statewide Assessment indicated that these youth will not experience the termination of their parents' rights and that DFS is providing supervision and a safe living environment until they can live on their own.

DFS was granted a Title IV-E waiver which is designed to provide another permanency option for children. This waiver allows children, 12 years of age and older who have been living with an approved foster parent for more than one year, to seek a legal guardianship agreement. The child, foster family and caseworker must all agree to this permanency option before it can be implemented. There was a slight increase in the number of children with the goal of guardianship, from 14 children in 1998 to 17 children in 1999. At the end of December 2000, 22 children were eligible for the waiver project with 15 cases pending.

### **Basis: Onsite Review**

#### **Strengths**

- Long-term foster care was found to be an appropriate permanency goal for several children in the cases assessed.
- Case evaluations provided evidence that other goals were ruled out before determining that long term foster care was appropriate.

- The examination of cases in which guardianship was identified as the children's permanency plan was found to be appropriately applied to the children's eligibility for the program.

**Area Needing Improvement**

None

**Status of Permanency Outcome P1 - Not in Substantial Conformity**

90.91% of the cases reviewed substantially achieved Permanency Outcome P1. The statewide data indicators for FY1999 met the national standards for foster care re-entries, length of time to achieve reunification and stability of foster care placements. The statewide data indicators for FY1999 did not meet the national standard for the length of time to achieve adoption.



| <b>Outcome P2: The continuity of family relationships and connections is preserved for children.</b> |                   |             |               |                     |                         |
|--|-------------------|-------------|---------------|---------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b>              |                   |             |               |                     |                         |
|  | <b>New Castle</b> | <b>Kent</b> | <b>Sussex</b> | <b>Total Number</b> | <b>Total Percentage</b> |
| Substantially Achieved:  | 5                 | 7           | 5             | 17                  | 80.95%                  |
| Partially Achieved:  | 2                 | 1           | 1             | 4                   | 19.05%                  |
| Not Achieved or Addressed:   | 0                 | 0           | 0             | 0                   |                         |
| Not Applicable:  | 9                 | 4           | 5             | 18                  |                         |

### **Item 11. Proximity of Foster Care Placements**

  X   Strength                             Area Needing Improvement

#### **Basis: Statewide Assessment**

If a relative is not available or is not an appropriate resource then foster family care is looked to for a placement. Group care settings are not considered for placement of the child until all family placement resources have been studied. The policies on least restrictive environment and preparation for placement define family like settings as the least restrictive and most appropriate placement. When assessing the most appropriate placement, safety is foremost. Other factors in determining placement include proximity to the child's home, age, family relations, physical and emotional well being of the child.

#### **Basis: Onsite Review**

##### **Strength**

- In the cases evaluated, placements were usually made in the same community as the family and children tended to stay in the same school.

##### **Area Needing Improvement**

- Stakeholder interviews expressed concerns that out-of-state placements of DYRS children were too far from parents to facilitate visiting and maximizing family relationships.

### **Item 12. Placements with Siblings**

  X   Strength                             Area Needing Improvement

#### **Basis: Onsite Review**

##### **Strength**

- Case reviews indicated the agency made attempts to place siblings together.
- When siblings were separated, it was generally due to a child's needs and was appropriate.
- One sample case showed that all seven siblings were placed in the same relative foster home to keep the children together.

##### **Area Needing Improvement**

None

### **Item 13. Visiting with Parents and Siblings in Foster Care**

       Strength                        X   Area Needing Improvement

#### **Basis: Onsite Review**

##### **Strengths**

- One case included continuing visits between children and their relatives even though parental rights were terminated and adoption was finalized.
- Workers recognize children's need to maintain relationships with their families while in foster care.
- The review found that workers used visits to reinforce parenting skills.

### **Area Needing Improvement**

- In one site, 57% of the foster care cases reviewed, documented that there was no visitation among siblings or any indication that attempts were made to facilitate visiting when siblings were placed separately.
- In one of the sites reviewed, 80% of the foster care cases examined did not have visitation between the child and their parents and siblings occur as frequently as per policy or as arranged in the case plan.
- The review found that the lack of transportation in one site was an issue that prevented visitation.
- Overall, a lack of planning for and carrying out visitation between siblings was found in 37% of the cases evaluated.

## **Item 14. Preserving Connections**

  X   Strength                                 Area Needing Improvement

### **Basis: Onsite Review**

#### **Strength**

- The review indicated that connections with the extended family were maintained for some children in foster care when appropriate.
- In some cases examined foster parents and service providers maintained relationships between siblings even when children were separated.
- Grandparents were involved in family activities for children in foster care in some of the cases assessed.

#### **Area Needing Improvement**

- In one site, foster parents were trying, on their own initiative, to preserve connections, even when the Agency made few attempts to support this effort.
- Stakeholders stated that some workers tried to protect and shelter foster parents from the child's family.

## **Item 15. Relative Placements**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

Placement with relatives has the highest priority in deciding placement options for a child. If a relative is not available or is not an appropriate placement resource then foster family care is looked to for placement. Group care settings have the lowest priority for placement of a child. Policies on least restrictive environment and preparation for placement define family like settings as the least restrictive and most appropriate placement. When assessing the most appropriate placement, safety is foremost. Other factors in determining placement include proximity to the child's home, age, family relations, and the physical and emotional well being of the child. Three types of family-settings are measurable: pre-adoptive homes, non-relative foster homes, and relative foster homes. Point-in-time data for 1998 indicate 74.7% of foster children were in family settings; for 1999, 73.6% of foster children were in family settings. The first time entry data for 1998 reveals that 65.4% of foster children were placed in family settings. For 1999, 61.6% of children entering care were placed in family settings.

There is no kinship care program in Delaware, but this issue has been and continues to be a legislative agenda item. The agency is an active participant this year on the kinship care legislative task force sanctioned in June 2000. State data reports indicated that for the first 2 quarters of FY 2000, kinship care was considered approximately 70% of the time when children were placed and about 75% of the time while children were in placement.

### **Basis: Onsite Review**

#### **Strength**

- Case reviews indicated that relatives were diligently sought, evaluated and considered for placement.
- The review found that efforts were made to identify absent or unknown fathers.

**Area Needing Improvement**

- In one site reviewed, there did not seem to be an early or thorough search for relatives in every case.
- Cases evaluated showed that financial support was not always available for relatives who were willing to care for children.

**Item 16. Relationships of Children in Care with Parents**

  X   Strength                             Area Needing Improvement

**Basis: Onsite Review**

**Strength**

- Case reviews documented that family visits were used to reinforce parenting skills.
- Documentation was provided in the cases examined showing that visiting and phone contacts were maintained between parents and children.

**Area Needing Improvement**

None

**Status of Permanency Outcome P2 - Not in Substantial Conformity**

80.95% of the cases reviewed substantially achieved Permanency Outcome P2. Delaware showed strengths in five out of six indicators for Permanency Outcome P2.

### III. CHILD AND FAMILY WELL-BEING

| <b>Outcome WB1: Families have enhanced capacity to provide for their children's needs.</b> |                   |             |               |                     |                         |
|--|-------------------|-------------|---------------|---------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b>    |                   |             |               |                     |                         |
|  | <b>New Castle</b> | <b>Kent</b> | <b>Sussex</b> | <b>Total Number</b> | <b>Total Percentage</b> |
| Substantially Achieved:  | 9                 | 9           | 8             | 26                  | 66.67%                  |
| Partially Achieved:  | 4                 | 3           | 3             | 10                  | 25.64%                  |
| Not Achieved or Addressed:   | 3                 | 0           | 0             | 3                   | 7.69%                   |
| Not Applicable:  | 0                 | 0           | 0             | 0                   |                         |

#### **Item 17. Needs and Services of Children, Parents, & Foster Parents**

\_\_\_\_\_Strength                        X  Area Needing Improvement

#### **Basis: Onsite Review**

##### **Strengths**

- Case reviews documented the use of specialized assessments on sexual abuse, physical health and mental health to identify specific needs of the child and family.
- In some of the cases evaluated, risk assessments were used to identify additional services.
- Cases were referred to "low-risk" providers to engage non-cooperative parents in one site reviewed.

##### **Areas Needing Improvement**

- The review found that there was a lack of comprehensive assessments for children and families being served by the agency. This lack of assessment contributed to the lack of appropriate services to meet children's and parents' needs, which often resulted in cases being closed without the provision of necessary services. Over half of the cases examined in one county demonstrated this problem. 25% of the cases in another site and 18% of the cases reviewed in the third site did not have comprehensive assessments.
- Over 25% of the cases reviewed had services that were identified as needed, but not provided.
- The case reviews identified a lack of assessments to address maltreatment and safety in DYRS cases.

- In some cases examined, the child's history was not provided to service providers.
- Cases showed that important issues for the foster family to know about, such as substance abuse, past sexual abuse and grief/loss issues, were not identified.
- The review indicated that case histories and current information were not always considered when assessing needs of the families and identifying services to address family issues.
- In some cases analyzed, not all issues on the risk assessment forms were completed or assessed.
- A lack of provider reports to caseworkers and a lack of coordination and communication between the agency and service providers were pointed out in the review.
- While services may have been part of a case plan, the review did not find references to the outcomes of the services provided in some of the cases.

#### **Item 18. Child and Family Involvement in Case Planning**

  X   Strength                             Area Needing Improvement

#### **Basis: Onsite Review**

##### **Strength**

- The review found that there was broad involvement of families, foster parents and some children in case planning statewide.
- Stakeholder interviews indicated that parents and foster parents were aware of case issues and were involved in planning and case reviews.
- Stakeholder interviews, in one site, indicated that workers engage parents in case planning by printing copies of the case plan form, handwriting it with parents, and then entered the information into the Family and Child Tracking System.

**Area Needing Improvement**

- The review team, in one area, indicated there was a need for additional training to assure involvement of children and families in case planning.
- Case plans were not available for the period under review in a quarter of the cases evaluated in one site.

**Item 19. Worker Visits with Child**

  X   Strength                             Area Needing Improvement

**Basis: Onsite Review****Strength**

- There was evidence provided in two of the sites that workers exceeded the required frequency of visits for in-home child protective services and foster care cases.

**Area Needing Improvement**

- In one site reviewed, five of the in-home child protective services cases did not meet the State's minimum requirements for contact with the child.

**Item 20. Worker Visits with Parents**

  X   Strength                             Area Needing Improvement

**Basis: Onsite Review****Strength**

- In two of the three sites, worker visits with parents was determined to be a strength due to consistent and timely visiting.



**Area Needing Improvement**

- In one site evaluated, five of the in-home child protective service cases did not meet the State's requirements for contact with the family.

**Status of Well-Being Outcome WB1 - Not in Substantial Conformity**

66.67% of the cases reviewed were substantially achieved for Child and Family Well-Being Outcome WB1.

| <b>Outcome WB2: Children receive appropriate services to meet their educational needs.</b> |                   |             |               |                     |                         |
|--|-------------------|-------------|---------------|---------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b>    |                   |             |               |                     |                         |
|  | <b>New Castle</b> | <b>Kent</b> | <b>Sussex</b> | <b>Total Number</b> | <b>Total Percentage</b> |
| Substantially Achieved:  | 12                | 8           | 9             | 29                  | 87.88%                  |
| Partially Achieved:  | 0                 | 0           | 0             | 0                   | 0.00%                   |
| Not Achieved or Addressed:   | 2                 | 2           | 0             | 4                   | 12.12%                  |
| Not Applicable:  | 2                 | 2           | 2             | 6                   |                         |

### **Item 21. Educational Needs of Children**

\_\_\_\_\_Strength                        X  Area Needing Improvement

#### **Basis: Statewide Assessment**

According to the Statewide Assessment, DFS routinely considers the educational needs of all the children it serves, whether the children are residing in their own home or in out-of-home placement. Investigation workers are required to contact school personnel as part of the investigation process. After a case has been transferred to the protective treatment unit for on-going services, DFS uses a variety of mechanisms to address the child's educational needs. Each child's educational and vocational needs are addressed in the Plan for Child In Care Part III. This part of the case plan reports the child's current status in school and additional services that may be required to meet his educational needs. The plan is reviewed every six months for children in traditional foster care or every three months for children placed in specialized foster care and group care. Data is not yet available on the educational status of children in care since this information is captured as text on the child's planning document. Coordination of educational planning for youth, under DYRS supervision waiting out of home placement, is an essential component of the placement process. School records are requested by the Department's educational personnel within 72 hours of the identification of a youth needing out of home placement, with the expectation that records will be received within 10-14 days. These records are reviewed and the need for an additional assessment is determined. An up to date Kaufman Testing of Educational Achievement (KTEA) assessment is completed. An educational plan is developed within 30 days of placement. This plan is forwarded, as part of the referral process, to the

receiving program. Based on this information, an appropriate educational plan is developed and in place when the youth is admitted to the program.

### **Basis: Onsite Review**

#### **Strengths**

- Individualized Education Plans and specialized education services were addressed in the cases evaluated in one site.
- The educational needs of in-home child protective services cases were assessed according to the records examined in one site.
- Workers were found to have good communication with schools and the foster care records reviewed included education information.

#### **Area Needing Improvement**

- Educational information was generally not gathered for the in-home child protective services cases evaluated by one of the review teams unless education was singled out as a significant issue.
- Serious educational needs were not assessed or addressed in some of the cases evaluated.

### **Status of Well-Being Outcome WB2 - Not in Substantial Conformity**

87.88% of the cases reviewed substantially achieved Child and Family Well-Being Outcome WB2.

| <b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</b> |                   |             |               |                     |                         |
|--|-------------------|-------------|---------------|---------------------|-------------------------|
| <b>Number of cases reviewed by the team according to degree of outcome achievement:</b>                |                   |             |               |                     |                         |
|  | <b>New Castle</b> | <b>Kent</b> | <b>Sussex</b> | <b>Total Number</b> | <b>Total Percentage</b> |
| Substantially Achieved:  | 13                | 12          | 10            | 35                  | 92.11%                  |
| Partially Achieved:  | 1                 | 0           | 1             | 2                   | 5.26%                   |
| Not Achieved or Addressed:   | 1                 | 0           | 0             | 1                   | 2.63%                   |
| Not Applicable:  | 1                 | 0           | 0             | 1                   |                         |

## **Item 22. Physical Health of Children**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The State does not track data specific to the provision of health care. With few exceptions, every child in foster care receives Medicaid. This program utilizes a managed care approach so that each child belongs to a managed care organization and has a primary care physician. Each child who enters foster care must have a physical exam either prior to entry or within two weeks of entry. The Statewide Assessment indicated that the State has difficulty, at times, meeting this standard. The child's Plan for Child In Care addresses the child's current medical status and any services required to meet his needs. The date of the last physical exam and dental exam and any needed services are documented on the case plan. Juvenile justice youth who need placement often enter through a detention setting. In that setting they receive a medical assessment to determine their medical needs. The placement provider is then responsible to ensure that those needs are met.

### **Basis: Onsite Reviews**

#### **Strength**

- Physical health was assessed in the cases evaluated.
- Medical and dental exams were current in the foster care cases reviewed.
- The review found special attention was paid to children with sexual abuse issues.

- Case reviews documented that children with extraordinary medical needs were being given appropriate medical services and workers advocated for meeting the health needs of these children.

#### **Area Needing Improvement**

- Health information was generally not gathered for the in-home child protective services cases evaluated by the review, as required by State Policy # 3045 - Medical Care and by Title IV-B - Child Welfare Services.

### **Item 23. Mental Health of Children**

  X   Strength                             Area Needing Improvement

#### **Basis: Statewide Assessment**

There is limited data regarding the mental health needs of children in DFS care and custody. The most recent report (November 2000) shows that out of the 3890 children receiving services from DFS (in home services and foster care), 238 were also receiving services through the Division of Child Mental Health. Delaware has included children's mental health care in its managed care waiver. Each foster child is covered by Medicaid and as such is afforded those services that any other Medicaid client would receive. The Managed Care Organization requires participating primary health care physicians to incorporate the child mental health/substance abuse component of the Early Periodic Screening Diagnosis and Testing screen for youth age's 0-20 years as a required service. The Department has had some success with these youth by utilizing multi-disciplinary treatment teams to coordinate service delivery between DFS and the Division of Child Mental Health. Juvenile justice youth that need placement often enter through a detention setting. In that setting they receive an assessment to determine their mental health needs. The placement provider is then responsible to ensure that those needs are met.

## **Basis: Onsite Reviews**

### **Strengths**

- Mental health assessments were generally found in the foster care cases reviewed including behavior modification plans, psychological assessments, and referrals to the local mental health center for counseling and treatment.
- The review found that children received mental health services when these issues were identified.
- Some cases examined showed that workers diligently sought out mental health services for children even when the community had limited providers.

### **Area Needing Improvement**

- There was a lack of assessments and mental health services for in-home child protective services cases found by the review.
- Stakeholders at the State and local levels stated that mental health services delivery was affected by poor coordination among the Divisions of Child Mental Health, Family Services, and Youth Rehabilitative Services.

## **Status of Well-Being Outcome WB3 - Substantial Conformity**

92.11% of cases reviewed substantially achieved Child and Family Well-Being Outcome WB3.

#### IV. STATEWIDE INFORMATION SYSTEM

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |     |
|--|-------------------------------|---|------------------------|-----|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |     |
|  | 1                             | 2 | 3                      | 4 X |

**Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.**

  X   Strength                             Area Needing Improvement

**Basis: Statewide Assessment**

The Family and Child Tracking System (FACTS) is the automated program which is utilized to record information about all clients of the Department of Services for Children, Youth, and Their Families (DSCYF). FACTS is used to capture client information regardless of which DSCYF division or program first served the client and, within the bounds of confidentiality, to share that information with other DSCYF staff also serving that same client.

The purposes of FACTS are multi-fold: to provide a single database for all DSCYF clients thus providing a complete picture of services being provided by all divisions and programs for all clients; to replace many paper documents, thus relieving staff of much of the manual record keeping burden; to improve the quality of client records by capturing detailed information on clients; to provide a worklisting system to keep workers advised of what items must be completed next and by what date; and to provide the Department with the ability to create both standardized and customized reports in an automated manner using data from FACTS. Data accuracy and timeliness are emphasized and supported.

FACTS provides DFS staff with the ability to determine the status, demographics, location and goals for all children in foster care in the state. Because FACTS can list events that workers must complete by certain deadlines, clients are served in a comprehensive and timely manner. All events are created with a due date and required fields to allow for management tracking of timeliness of events as well as the quality of the

information. FACTS provides real-time, extensive DYRS client information, including the following: demographics, case activity, assessments, planning, placements, and legal status of the youth. Most of the routinely required events are also listed in the system. This supports staff and provides thoroughness at the same time. Staff resistance to FACTS was extremely high at first as the system brought with it significant operational changes and higher expectations for documentation.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders reported that FACTS readily identifies the status, basic demographic data, location, goals and tracks every child through the entire child welfare process.
- Many stakeholders explained that the system provides excellent coverage of a case from investigation through permanency.
- Supervisors indicated that FACTS has the ability to track the caseloads of staff.
- Across the state, stakeholders said FACTS is a good systems tool for both DFS and DYRS.
- FACTS produces a number of management reports called Dashboard Reports that cover caseloads, backlogs on investigations, and upcoming due dates that are used as management tools.
- Workers and managers noted in stakeholder meetings that there have been significant improvements in FACTS and stated that there are currently few technical problems with the system.
- Supervisors reported that they use FACTS to monitor contacts with families.

#### **Area Needing Improvement**

- Stakeholders noted that hardware is outdated and software for DFS staff hampers communications with other systems.
- Some workers stated the system has too many screens, which makes it difficult to navigate through the system.
- Staff in one site indicated there is a need for more data entry support.
- Stakeholders reported that the system has no scanning capacity for case plans or court orders.
- There is a significant difference in the quality and quantity of both training and equipment between DFS and DYRS. Stakeholders said that DYRS has much better equipment and training.

### **Status of Statewide Information System - Substantial Conformity**



## V. CASE REVIEW SYSTEM

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |   |
|--|-------------------------------|---|------------------------|---|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |   |
|  | 1                             | 2 | 3 X                    | 4 |

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's Parent(s) that includes the required provisions.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The Division of Family Services utilizes three planning documents in working with families - the Family Case Plan, the Plan for Child In Care, and the Interdivisional Case Plan. For both intact families and families with children in care, DFS uses a Family Case Plan. Caseworkers must develop a family case plan for all families no later than 8 weeks after the case has been transferred to the treatment services unit. Caseworkers must involve family members in the development and implementation of this case plan. Plans are negotiated with the client whenever possible and are written in a language that the family can understand. The plan includes written information describing the client's right to appeal and the right to a fair hearing. As part of the Court Improvement Project, family case plans are submitted to Family Court at the adjudicatory hearing, which is held within 40 days of being granted ex parte custody. It is also submitted at all subsequent reviews. If the presiding judge approves the case plan, it then becomes part of the court order.

Separate from the family case plan is the child's plan, the Plan for Child in Care. The Division of Family Services utilizes the child's case plan to identify the strengths and meet the needs of children in out-of-home care. The plan is a written document which includes a description of the child's placement; appropriateness of the placement; a plan for ensuring that the child and family receive services designed to facilitate the return of the child to a safe home or to another permanent placement; the health and educational status of the child; and, when appropriate, a description of the programs and services which will facilitate the child's transition

from foster care to independent living. The child's case plan must be completed for every child who remains in placement five days or longer.

At the point of referral to any Division - DFS, DYRS or the Division of Child Mental Health - the assigned worker must determine if any other division is working with the family. If so, the case manager from the Division first active with the family has the primary responsibility for convening a service planning meeting, which includes case managers from all active divisions, the child's primary caretaker, and, if age appropriate, the child.

In a recent focus group consisting of foster parents throughout the state, questions about case planning for children were put before the group. All agreed that a case plan for the children in their care had been developed in a timely manner, and the services written were appropriate. In this group of experienced foster parents, all agreed that experienced foster parents work with the assigned caseworkers to ensure not only that the case plan was completed, but also included the foster parent's opinion of necessary services for the child.

According to the 1999 AFCARS submission, there were 422 children without a child's case plan in place. DFS reports that this report is erroneous due to a data entry problem. As a result of an assessment of this problem, DFS completed a manual check of all children identified as not having a case plan goal in FACTS to ensure that if missing, the goal would be immediately entered.

The Plan for Child in Care process is being changed so that a paper document will be used to encourage teamwork in the development of the plan. Data entry for specific fields will allow DFS to capture aggregate data on safety and well-being indicators. The data entry requirements will be significantly shortened which DFS believes will result in better compliance in documentation. Safety and recruitment efforts have been added to FACTS. These changes are scheduled to be installed in the FACTS system by June 2001. DFS is also developing a compliance report that will assist supervisors in ensuring that required information is included in FACTS.

DFS reports that there is no specific data available to determine the effectiveness or extent of parental involvement in the development of the plan. However, in the focus groups composed of caseworkers, as well as those groups composed of review bodies and community partners, it was felt that parents were given full

opportunities to participate in the development of the plan. In the client focus group, all participants agreed that they were aware of the plan for the child and were able to contribute to the development of this plan.

DYRS has a written case plan that is used for youth served in the community. When a decision is made to place a youth in an alternative placement, the worker completes a Plan for Child in Care, which includes all required elements. This plan is recorded in the FACTS system. The plan is then used with the service provider to define the needs of the youth and provide the framework for subsequent monitoring of progress.

### **Basis: Onsite Review**

#### **Strength**

- Many stakeholders indicated that the Plan for Child in Care is a functional tool that addresses child needs.
- Stakeholder interviews and case reviews indicate that case plans are routinely in place for families and children.
- The onsite case review showed that case planning includes participation of parents and other family members.

#### **Area Needing Improvement**

- The review found that some case plans did not contain outcome-oriented goals. Some case plans just listed services provided to the child and family. There was little indication of the progress made toward goals in some case plans.

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by an administrative review.**

  X   Strength

       Area Needing Improvement

**Basis: Statewide Assessment**

AFCARS reports indicate DFS consistently meets the review requirements. Either the Foster Care Review Board or the Court reviews children every 6 months. DFS is beginning to implement recommendations of the Court Improvement Project. When fully implemented, the Court will review all cases at least every 6 months and the Child Placement Review Board, a citizen review panel, will review cases at the 10<sup>th</sup> month of placement, in preparation of the permanency hearing. The Court has moved to review cases quarterly even though DFS believes that Court reviews at 6 months, internal reviews (Permanency Committee meetings) at 9-10 months, Child Placement Review Board reviews at 10 months and Permanency Hearings at 12 months is sufficient. As a result, cases are being reviewed for progress by two different bodies in similar time periods resulting in additional reviews. To date, this problem has not been resolved and there is no data to support the effectiveness of the concurrent reviews on the same issues.

After January 1999, the responsibility for all DYRS periodic reviews was shifted to the Child Placement Review Board. The current review process for DYRS is identical to the DFS review process. The Family Court reviews youth placements at each twelve-month interval and the Child Placement Review Board reviews at the intervening six month intervals.

**Basis: Onsite Review**

**Strength**

- Case reviews showed that all plans were reviewed timely by the courts, agency and the review board.
- There are frequent reviews as required by the Court Improvement Project's changes, resulting in case reviews every three months.
- All stakeholders indicated that reviews were held on time and helped children achieve permanency.

- A stakeholder indicated that the quality of periodic reviews has improved due to smaller caseloads and lower staff turnover rates. Casework has also improved because of in-service and new worker training, and more effective supervision.

#### **Area Needing Improvement**

- Some stakeholders indicated that too much time was spent on reviews. There needs to be more coordination between the different review processes to reduce duplication.

**Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

\_\_\_\_ Strength                        X   Area Needing Improvement

#### **Basis: Statewide Assessment**

DFS developed a manual tracking system to ensure that permanency hearings are held as required. Caseworkers are notified when a permanency hearing is due. The caseworker then files a petition in Family Court to schedule the permanency hearing. Youth in juvenile justice placements are scheduled for a permanency hearing if they remain in placement for 12 months. Because of the nature of the placements, few youth reach the twelve-month threshold.

#### **Basis: Onsite Review**

##### **Strengths**

- Stakeholder interviews indicated that the Court Improvement Project includes timely permanency hearings.
- Permanency hearings are occurring for all DFS children as indicated by the review of cases.

### **Area Needing Improvement**

- Case reviews identified that DYRS cases do not always receive permanency hearings statewide. Permanency hearings are required at twelve-month intervals for all children in foster care.
- Some stakeholders explained that FACTS automated tracking to ensure timely permanency hearings is not occurring.
- Stakeholders indicated that guardians-ad-litem are not appointed for all children who are abused, neglected or dependent.

### **Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The permanency coordinator tracks all children entering care and notifies the worker when a child who has been in care for 9 months, must be presented to the permanency committee at the 10<sup>th</sup> month for a goal change or case direction. The number of children in care for 17 of the most recent 22 months has decreased from 426 in 1998 to 297 in 1999 according to the point in time permanency profile data. Children have moved to permanency much sooner. This is indicated by State Placement Management reports that shows the number of children in care 17 months has declined from over 1000 children in July 1999 to just over 900 in November 2000.

Termination of parental rights petitions are filed by the 15<sup>th</sup> month or within 60 days of a permanency hearing where the goal has been changed to adoption. Adoption finalizations have increased from a baseline of 33 in 1997 to 103 in 2000. Originally, the termination of parental rights petition would be filed in Family Court, where there would be a pre-trial conference within three months. Then a termination of parental rights hearing would be held within an additional three months. This has not been the case recently as DFS has increased the number of termination petitions being filed and the Courts are unable to hear these petitions in a timely manner. DFS will continue to monitor this area and work with the Court on this issue.

## **Basis: Onsite Review**

### **Strength**

- Stakeholders noted vast improvement in the timeliness of filing termination of parental rights petitions since the passage of the Adoption and Safe Families Act, changes from the Court Improvement Project, and heightened awareness of the need for children to achieve permanency within DFS.
- Stakeholders indicated that the permanency committee routinely considers petitioning the court to terminate parental rights and that there are no indicated delays in filing petitions. However, delays do occur due to court backlogs.

### **Area Needing Improvement**

- State stakeholders indicated that there are delays in the length of time to terminate parental rights, which extends the timelines for finalization of adoptions. These delays are caused by failure to make early permanency determinations during the initial assessment process, court delays involving extensive continuances and appeals, lack of strong advocacy in courts for prompt termination, and State policy which requires that children be placed for 12 months in an adoptive home before seeking finalization of the adoption.

**Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

At the initial implementation of system changes related to the Adoption and Safe Families Act, each foster parent, adoptive parent, and relative caregiver of children in the custody of the Department were informed via a letter from the Foster Care Program Manager that they would be afforded an opportunity to be heard in case reviews and permanency hearings for the children in their care. In addition, foster parents are routinely informed of this opportunity during foster parent training. The Family Court sends two notices of the hearing

to the local office. Each local office must then send a notice to the foster parent. The worker must document that notice was sent. Foster parents have attended hearings. However, the State does not keep data on how many have attended. In the foster parent focus group, foster parents indicated that they are given adequate notification and an ample opportunity to voice concerns in hearings held on behalf of children in their care. Both the Court and DFS still struggle with appropriate protocols in implementing this regulation. Issues have arisen regarding foster parents not feeling safe testifying in front of the child's biological parent or being identified as the caretaker. DFS is working with its attorneys to establish guidelines to appropriately implement this regulation.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders in Kent and Sussex County indicated that foster parents receive adequate notice of hearings and are given an opportunity to be heard during the hearing.
- Stakeholders indicate that DFS is working to improve the policy for the notice of hearings and involvement of foster parents, adoptive parents and relative caregivers.

#### **Area Needing Improvement**

- Stakeholders indicated that workers are responsible for notifying foster and adoptive parents of court hearings. It was suggested that workers may sometime discourage foster and adoptive parents from attending hearings. More could be done to encourage attendance.
- Foster parents also report confusion about their role in court. In some courts, foster parents are not allowed to attend the entire hearing, but are escorted in to speak and then escorted out.

### **Status of Case Review System - Substantial Conformity**



## VI. QUALITY ASSURANCE SYSTEM

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |     |
|--|-------------------------------|---|------------------------|-----|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |     |
|  | 1                             | 2 | 3                      | 4 X |

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

Standards for children in foster care placement exist and are regularly monitored internally and externally. Currently, the Division uses a mix of standards, including those developed internally based on the Child Welfare League of America's casework standards, and, more recently, the introduction of some Council on Accreditation standards. The focus for standards development is the provision of quality services designed to protect health and safety. Standards are based on the federally targeted outcomes of safety, permanency and child well-being. In addition, DFS has identified standards and outcomes based on other good practice. During the past year DFS has been actively involved in the Public Agency Roundtable meetings sponsored by the Council on Accreditation. These meetings have helped guide the development and selection of outcomes and standards. Each participating state has developed components of quality improvement and quality assurance and the states are sharing their experiences to assist other states in their work. The agency is exploring accreditation through the Council on Accreditation, which will further drive standards development. Standards and outcomes to ensure that children in foster care placement are provided quality services that protect their health and safety are established and reviewed through a variety of mechanisms including policy, safety assessments, supervisory reviews, permanency reviews, quality assurance, placement management reports, Child Placement Review Board hearings, Family Court and administrative reviews (discontinued in 1999).

The review of planning and progress is both internal and external. External review bodies examine child planning and case progress in health, safety, permanency and child well-being. As a result, adjustments are made regularly to produce positive outcomes for individual children in a timely manner. Focus group participants agreed that there has been real movement in the agency to promote the health and safety of children. They further stated much progress has been made in how DFS identifies and addresses safety for children. The area of health needs to be made more of a priority and become better integrated into the day-to-day work with children in out-of-home care. There has been a tendency to place most of the health care responsibility on caregivers, without much caseworker support.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders indicated that workers were aware of standards in such areas as timeliness of investigations, contact with families, and medical treatment in foster care.
- Case reviews showed that safety is addressed in case plans.
- There are standards for contacts with children that lead to safety based on the cases examined.

#### **Area Needing Improvement**

None

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The quality improvement/quality assurance system is designed to provide support to agency staff in making decisions about strengths, areas of need, and actions to achieve improved outcomes. Components of the system include Case Review, Policy Re-Design, Data Development, Continuous Quality Improvement,

Accreditation, and Root Cause Analysis. Development of a comprehensive quality assurance system in the agency is recent. Because this is new, it is difficult to link system improvements to the quality assurance efforts at this time. The agency is committed to continuing meaningful systems development in this area. None of the components have been fully available for the past year. The case review system is approaching one year, after which data will be sufficient to identify trends. Each administrator and trainer reviews cases utilizing a structured format individualized for each of three program areas: intake and investigation, treatment (on-going), and placement and permanency. The focus of case reviews is on system performance in regard to outcomes and standards rather than on “blaming the individual in individual cases.” Data reporting is currently under development using input from regional staff throughout the state. Staff have expressed excitement about having access to data that will be available through the case review system. During the next year, DFS will formalize data reporting and will utilize this information in regional meetings. Once Continuous Quality Improvement is functioning, it will be an important tool for information, analysis, and change. The root cause analysis process has been applied to 5 cases open with DFS and 2 with DYRS at the time of the critical incident. Due to the short period of time, no aggregate system data is yet available. The Department will be reviewing this information for common system problems and to develop a comprehensive plan for changes. External participants in focus groups were largely uninformed of most of these components. They were aware of the agency’s comprehensive policy manual, but not the re-design. After a brief explanation of the new format, they believed that this change would provide clearer standards and expectation for staff. Internal participants had more information about the components and believed that they represented improvements, which would produce better results for children.

For DYRS Community Services the compliance monitoring system coupled with the foster care and judicial reviews provide the core of the quality assurance system for youth in juvenile justice placements. DYRS is engaged in the Department’s quality initiative. As a result, issues and concerns are examined using a “plan-do-study-act” cycle to ensure continuous quality improvement. This effort engages staff at all levels of the organization in designing system enhancements to promote improved services for youth and families.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders commented that Delaware has a Quality Assurance system in place that regularly reviews a random sample of cases.
- The FACTS system produces Dashboard Reports that focus on measuring case performance.

- Workers who were interviewed were aware of quantitative indicators and measurements of the Quality Assurance system in Delaware.

**Area Needing Improvement**

- Stakeholder interviews in Kent County recognized that managers are reviewing cases monthly, but workers indicated they have seen no feedback from management reviews.

**Status of Quality Assurance System - Substantial Conformity**

## VII. TRAINING

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |     |
|--|-------------------------------|---|------------------------|-----|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |     |
|  | 1                             | 2 | 3                      | 4 X |

**Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The system of delivering training was changed in 1999 to provide two months of intensive training, geared towards preparing new workers to take cases at the six-week mark. These two-month schedules are continuously repeated each month. Therefore, month one and two trainings are offered every month, on or about the same dates each month. Built into the schedules are field days during which the caseworker can accompany an experienced worker doing casework with families and children. No class room training is scheduled around the six week mark giving the new worker the opportunity to concentrate on their first case. The rest of the core training is provided on a quarterly basis so that the formalized training is reduced to 3-4 days per month. It takes 6 months to complete all the core training.

During the calendar year 2000, 87 new workers participated in the required basic new worker training, each completing 173 hours of classroom experience. Focus groups with staff who have completed the revised training indicate that the training, in combination with the shadowing and mentoring and slow case build up are effective in preparing caseworkers to do the job. The Division believes it is also connected to the decrease in staff turnover. In 1998 and 1999, turnover of staff was more than 40 percent. For the last six months of 2000, it was below 20 percent.

## **Basis: Onsite Review**

### **Strength**

- DFS staff stated that new worker pre-service training is a positive tool.
- As reported by stakeholders statewide, many improvements have been made recently to enhance pre-service training for staff.
- Stakeholders indicated that providers participate in some of the initial training held by DFS.
- Low turnover rates reported by stakeholders in Sussex County have allowed DFS to have adequately trained staff.
- Staff in New Castle County explained that "coaches" mentor new staff. This process allows workers to learn before they are assigned a caseload and allow managers to monitor and assess casework practice of new staff.
- New Castle stakeholders indicated that DFS has been able to hire new staff; the "over-hire" policy has helped reduce worker turnover.

### **Area Needing Improvement**

- Stakeholders in Kent County indicated that the mentoring plan has not been implemented.
- Stakeholders reported that DYRS staff do not have the same level of training as DFS staff. Training for DYRS staff does not include pre-service.

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

During 1999, a mentor curriculum was developed to train experienced workers in the skills of mentoring. Formal supervisor training began in 1995 with the focus on newly hired supervisors. This training was expanded in 1999 to all supervisors. Two of the advanced level courses are clinical interviewing skills training and a session provided by the medical staff at A.I. Dupont Hospital for Children concentrating on issues such

as medical aspects of child abuse. Approximately 120 workers (both new and experienced) have participated in this first step of advanced training. More advanced courses are on the agenda to be offered during 2001. Specialized courses are offered for specific job functions, including adoption workers, foster care coordinators, and day care licensing staff (NARA policy regulations). DFS has also participated in providing continuing social work education opportunities by providing tuition reimbursement for MSW programs.

DYRS Community Services embarked on improving staff training in September 1998 by hiring a part-time trainer for community services. One of the initial goals was to develop a new employee orientation for new case managers/monitors which are under the Family Services Specialist job classification. As part of the initial training development, a needs assessment was conducted that focused on case management and monitoring. Three areas of need were identified as case management, juvenile justice related training, and new employee orientation. A curriculum was developed and reviewed with members of the Community Services staff. One of the challenges DYRS still faces is how to train staff that are hired one or two at a time and possibly in two very distant locations. Community Services does not obtain staff in “batches” to hold a class on any regular basis. Classes are scheduled around the numbers and dates new hires begin.

### **Basis: Onsite Review**

#### **Strength**

- Interviews with staff specify that DFS offers comprehensive in-service training for staff, most of which is mandatory.
- Many of the stakeholders interviewed responded that DFS has a successful mentoring program that pairs more experienced workers with new workers.

#### **Area Needing Improvement**

- Stakeholders indicated a need for broader content for in-service training such as legal aspects, substance abuse, attachment disorders, adolescent issues, termination of parental rights proceedings and adoption, and sexual abuse.
- Staff want more graduate education opportunities; tuition reimbursement is limited.

**Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

  X   Strength

       Area Needing Improvement

**Basis: Statewide Assessment**

Foster parents are trained using a competency-based curriculum, Foster PRIDE. Delaware was one of the 13 states that developed this training curriculum with Child Welfare League of America and the State of Illinois. The training is based on five competencies: protecting and nurturing children, meeting developmental needs and addressing developmental delays, supporting children's relationship with their birth families, connecting children to safe and nurturing relationships intended to last a lifetime, and working as a member of a professional team. DFS provided pre-service Foster PRIDE to all of the 97 foster families approved in FY2000. Although DFS is pleased with the effectiveness of this training at the pre-service level, DFS serves on the National PRIDE Advisory Board and supports revisions currently underway to strengthen this curriculum in the areas of discipline, sexual abuse, and adoption information. In FY 2000, DFS offered or sponsored sixteen in-service training opportunities for foster parents at both the core Foster PRIDE level and at the advanced/specialized level with 206 foster parent participants. In addition to the training DFS provided in FY2000, DFS sent 10 foster parents to the National Foster Parent Conference and 10 foster parents to a three-day Prevention Forum in Delaware. At the annual review, foster parents and their foster home coordinator mutually develop a learning plan for the following year. Some basic information about adoption is currently provided to prospective foster parents in the Foster PRIDE pre-service curriculum in the context of permanency planning. This information will be expanded in the revised PRIDE curriculum. DFS currently uses private agencies to provide training when DFS foster parents convert from foster parents to adoptive parents. However, DFS has purchased the Spaulding for Children *Making the Commitment to Adoption* curriculum, which was designed to be compatible with the Foster PRIDE curriculum, and have almost completed adapting it to make it Delaware specific.

The training and qualifications of the staff of all childcare institutions in Delaware are governed by DELACARE: Requirements for Residential Child Care Facilities and Day Treatment Programs revised in May 1,1999. Each program must ensure that each employee and volunteer whose primary function requires



interaction with children and who works 24 or more hours a week receives at least 40 hours of training annually. The training shall cover subject matters designed to maintain, improve or enhance the employee's knowledge of or skills in carrying out his or her job responsibilities. At a minimum, the training must include CPR, first aid, cultural sensitivity, and behavior management policies and procedures.

### **Basis: Onsite Review**

#### **Strength**

- Foster parents are trained using the Child Welfare League of America's PRIDE curriculum. Foster parents reported in stakeholder interviews that this training is positive and useful.
- Private service providers and contractors in New Castle County can participate in all DFS training sessions. They received schedules and training announcements.
- Adoptive parent support groups and the Interagency Committee provide adoption training in Kent County.
- Foster parents in one site reported having access to a variety of training, including DFS training. However, foster parents said that they cannot always participate because child care is not provided.

#### **Area Needing Improvement**

- Case reviews showed that delays in training foster parents who are adopting their foster children are delaying the adoption process in Kent County.
- Sussex County foster parents responded that they wanted the curriculum made specific to the particular needs of children and available resources in Sussex County.

### **Status of Training - Substantial Conformity**

## VIII. SERVICE ARRAY

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |     |
|--|-------------------------------|---|------------------------|-----|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |     |
|  | 1                             | 2 | 3                      | 4 X |

**Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

DFS offers a variety of services designed to help children safely return to families. All cases with children in foster care are transferred to a protective treatment worker who remains assigned to the case until either the child is returned home and services are no longer needed or the goal is changed to require termination of parental rights with adoption as the child's permanency goal. Both intact families and families with children in foster care have access to traditional casework services provided by direct service workers as well as a variety of contracted services including: parent aide services, intensive parent aide services, home based family support counseling, protective day care, transportation to non-medical appointments which assist families in completing their case plan, diagnostic services & family support groups. In addition to contracted services, the Division assists families in accessing medical services, mental health services, parenting classes, parent support groups, and substance abuse services. In addition to the contracted services listed above, some families receive services through the Multi-Disciplinary Treatment Teams consisting of child protective caseworkers and substance abuse treatment counselors through the state's Title IV-E waiver. In a recent evaluation of the IV-E Waiver project (Multi-Disciplinary Teams), it was noted that children in the demonstration units spend 40% less time in foster care than children in the control units. DFS also has nine Intensive Reunification Caseworkers. These specialized workers work with smaller numbers of families, providing intensive services for up to six months to effect reunification. Intact families have access to

contracted Intensive Home Based Services. Formerly known as family preservation services, the contract provides a master's degree level therapist and a resource aide working as a team for up to 15 hours per week for each family. The Division offers a range of services to prepare families for adoption and assist families after adoption through Adoptive Families with Information and Support (AFIS).

Many DYRS level IV placement resources are outside of Delaware. When youth are ready to return to the community, steps must be taken to insure an appropriate transition from a structured rehabilitative and therapeutic placement. Each youth returning home is assigned an aftercare worker, whose role is to support the youth and his family. In focus groups with caseworkers, community partners, and review bodies, all agreed that the lack of appropriate substance abuse treatment services is a serious problem. The Statewide assessment, based on information gathered from the various sources, stated that there is a need to strengthen the service array in terms of the following services and supports: the initial placement clothing allowance should be more readily available; additional anger management services should be developed; a foster parent support network should be implemented; additional after school or school day off center programs should be utilized; implementation of subsidized child care for children older than six should be begun; and implementation of mentor programs for children in care should be started. DFS has identified the categories of children for whom they have the greatest difficulty in finding homes and approximately the number of homes they needed for each category of children in foster care: teens with serious behavioral/emotional problems – at least 25 homes are needed; teens – at least 25 homes are needed; 8 to 12 year olds with serious behavior problems, particularly boys – at least 27 homes are needed; children/youth sexually acting out/offending – 17 homes are needed; sibling groups – 5 homes are needed; and infants with physical disabilities – 5 homes are needed. Currently, the Family Case Plan, which details the services and activities for families, is a paper document with a few selected items captured in FACTS. This process does not easily lend itself to analysis of service gaps and frequency of certain types of services.

## **Basis: Onsite Review**

### **Strengths**

- Intensive (in-home) reunification services and other preservation and support services were sufficiently available in Sussex County as demonstrated in the cases examined.
- The review found that outpatient substance abuse services were sufficient in Sussex County.
- The Title IV-E Waiver project allows substance abuse workers to accompany DFS workers to homes.

- Case reviews and stakeholders indicated that there is a wide array of parenting services in Kent County including parent aides and parenting classes. There are no waiting lists for parent aide services.
- Stakeholders indicated that domestic violence programs have been expanded.
- DYRS has new detention facilities and other community-based facilities for DYRS children.
- DYRS has a Multi-System Therapy (MST) program which is a statewide home-based diversion service for juveniles.
- Stakeholders reported that the medical resources at A.I. Dupont Hospital have been very helpful.
- Stakeholders reported that DFS has more foster homes for younger children.

#### **Area Needing Improvement**

- There were waiting lists for in-home counseling and parent aid services in Sussex County as shown by the cases assessed.
- Sussex County stakeholders and cases reviewed indicated there was a lack of inpatient substance abuse services, mental health services for children and adults, independent living services, adoption support services, and services for adolescents with behavioral health needs.
- Stakeholders reported gaps in services including in-state group and/or residential treatment, "step-down" placements to bring children back to Delaware from out-of-state, therapeutic placement options, services for adolescents, independent living and transitional living services, wraparound services, post adoption services, mental health treatment, substance abuse treatment, and crisis services for foster parents to support and maintain placements.
- Services at the Family Support Center in Kent County are comprehensive, but workers were not always aware of availability.
- Kent County stakeholders reported that preventive services were limited, but more expensive rehabilitation services were being provided.

#### **Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's Child and Family Services Plan.**

  X   Strength

       Area Needing Improvement

**Basis: Statewide assessment**

All services are provided by either DFS caseworkers or under contract in all three counties, with the following exceptions. The intensive parent aide program is experimental and is based in New Castle County. The Title IV-E Waiver is required to utilize control groups and demonstration groups; therefore these services are not available to all families. Intensive Reunification caseworkers have capped caseloads so their services are not always available.

**Basis: Onsite Review****Strength**

- Kent County stakeholders reported that more services are accessible now due to improved transportation.
- There is no waiting list for parenting services such as parent aides in some areas.
- Stakeholders in New Castle County reported that services are accessible in all parts of the county, including rural areas.

**Area Needing Improvement**

- Kent County indicated that there are services payment problems because of funding differences between DFS, DYRS and DCMH. There are also funding differences with the school system.
- Case reviews and stakeholders found that adolescent group homes, independent living services, and behavioral health services were less available in Sussex County than in the other counties.

**Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

  X   Strength                             Area Needing Improvement

**Basis: Statewide Assessment**

Case plans are individualized and identify services necessary to meet the needs of children and families

## **Basis: Onsite Review**

### **Strength**

- Stakeholders and case reviews in New Castle County indicated that services were individualized to meet the needs of children and families. For example, intensive family preservation services were utilized for foster/adoptive families to support placements in danger of disrupting.
- The cases examined in the review showed that individualized services were provided using Flexible State funds, although this was generally used as a last resort, rather than the first approach to serving children.
- There were notable examples of individualized service in the Kent County cases reviewed. In one Kent County case, a special room was built to keep a child in school.
- Kent County cases indicated that individualized services were utilized such as wraparound services, Boys and Girls Clubs, family preservation, and intensive reunification services.
- Family preservation services (information and referral, in-home counseling and parent aides) in Sussex County were individualized to meet the needs of children and families as shown by the cases examined.

### **Area Needing Improvement**

- Stakeholders indicated that DYRS cases in Kent County were unable to utilize flexible funding due to a lack of availability and administrative difficulties.
- In Sussex County, stakeholders were concerned that individual needs could not be met due to the lack of available services.

## **Status of Service Array- Substantial Conformity**

## IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

| Rating of Review Team Regarding Substantial Conformity |                               |   |                        |   |
|--|-------------------------------|---|------------------------|---|
| Rating   | Not in Substantial Conformity |   | Substantial Conformity |   |
|  | 1                             | 2 | 3 X                    | 4 |

**Item 38. In implementing the provisions of the Child and Family Services Plan, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the Child and Family Services Plan.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The Child and Family Services Plan addresses a broad array of services, populations, and partners, including prevention, family support, child welfare, child protection, and youth rehabilitation. Within the Department, these services and families overlap. The agency works with a number of stakeholder and community groups on a regular basis, and these stakeholder groups are included in developing the agency's plan and reviewing for effectiveness. Stakeholder and community groups with which the Division works are:

- Promoting Safe and Stable Families Program
- Department of Services for Children, Youth, and Their Families Advisory Group
- Division of Family Services Advisory Group
- Grass Roots
- Foster Care Representatives
- Child Protection Accountability Commission
- Office of the Child Advocate

All of these stakeholder and community groups are statewide or are made of up local groups contributing to a statewide presence.

Delaware currently has no recognized Indian tribes and a very small Native American population. It is the Department's understanding that the Nanticoke tribe may apply for federal recognition at some time in the future.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders indicated that there was regular consultation between the State Agency and the Department of Education, child placing agencies, mandated reporters, Family Court, and interagency committees.
- Stakeholders reported overwhelming improvements in the State Agency's responsiveness to the community and consultation with key providers and the Courts.
- Stakeholders indicated that there are Memorandums of Understanding with law enforcement, education and public health. Increased use of Multi-disciplinary teams is evidence of improved consultation.

#### **Area Needing Improvement**

- Sussex County stakeholders were concerned about the ability of the State Agency to reach out to diverse groups such as the Latino and Haitian populations. The State Agency should publicize the availability of services.
- Stakeholders in Kent County indicated that the State Agency has more success collaborating outside the Department than inside between Divisions, which limits the availability of services for clients.



**Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the Child and Family Services Plan.**

☒ Strength ☐ Area Needing Improvement

**Basis: CFSP/APSR June 2000**

Annual reports of progress and services are included in the Annual Program and Services Report (APSR).

**Basis: Onsite Review**

**Strengths**

- State level stakeholders said there was significant collaboration at the State level in completing the five-year Child and Family Services Plan and the Annual Progress and Services Report.

**Area Needing Improvement**

- Stakeholders in each county indicated that there was limited community involvement in the development of the Child and Family Services Plan.

**Item 40. The State's services under the Child and Family Services Plan are coordinated with services or benefits of other Federal or Federally assisted programs serving the same population.**

☐ Strength ☒ Area Needing Improvement

**Basis: Statewide Assessment**

Since there are no specific data available to measure effectiveness in coordination, listed below are several examples of coordination of services.

- The Department has negotiated agreements known either as Memorandum of Understanding or Memorandum of Agreement with other public agencies serving families active with the Department, including but not limited to the Division of Public Health, the Division of Social Services, Medicaid, Division of Alcoholism, Drug Abuse and Mental Health, the Department of Justice, Dover Air Force Base, police agencies, and the Division of Mental Retardation. Memorandums of Understanding and

Memorandums of Agreement define and clarify the roles and expectations of each Department, set standards for interagency cooperation, and establish guidelines for collaborative intervention, cross reporting, information sharing, training, and problem resolution. The Department has begun to implement the Multi-Disciplinary Team approach to services which brings agencies within the Department together for children and families served by DFS and one or more of the other direct service divisions such as Youth Rehabilitative Services (YRS) and Child Mental Health (CMH). DFS has membership and participates on the Board of Directors for the Children's Trust Fund, Children's Advocacy Committee and various other committees that represent the interests of the children in the State of Delaware. Division administrators have been meeting monthly for the past 18 months with officers of the New Castle County Foster Parent Association to mutually address and resolve issues of concern to foster parents.

- In Delaware, families receive Temporary Assistance for Needy Families through the Department of Health and Social Services, Division of Social Services. Arrangements have been made with DSS for the management of a contract with a private agency to provide outreach and case management services to families.
- The Office of Prevention and Early Intervention, OPEI, sponsors prevention and early intervention programs and partnerships with other agencies throughout the state in an attempt to meet the needs of at-risk parents and families. This office has two school based programs throughout the state, serving children from kindergarten to grade 4 in 13 school districts, and more than 50 schools. The Department of Services for Children, Youth and Their Families does not have major agreements or contracts with public or private agencies to provide Title IV-E or IV-B functions. However, there are numerous contracts to purchase services for cases that remain under the planning and placement authority of the State.

### **Basis: Onsite Review**

#### **Strengths**

- Stakeholders responded that there has been progress in service coordination in Kent County as seen by the development of the Memorandums Of Understanding between organizations serving families including the police and mental health.

#### **Area Needing Improvement**

- Stakeholders in Sussex County indicated that the Office of Prevention handles the Promoting Safe and Stable Families Programs. However, staff do not appear to be aware of or fully utilize the family support and preservation services that are available in the community.

- Statewide stakeholders reported issues, concerns, and frustration with the lack of coordination among DFS, DYRS and Division of Children's Mental Health.
- In Kent County, stakeholders said coordination between the Divisions within the Department is lacking.
- Kent County stakeholders believe that funding needs to be closer to the decision-makers to promote coordination and improve service availability.

### **Status of Agency Responsiveness to the Community - Substantial Conformity**

## **X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

| <b>Rating of Review Team Regarding Substantial Conformity</b> |                                      |   |                               |   |
|---|--------------------------------------|---|-------------------------------|---|
| Rating  | <b>Not in Substantial Conformity</b> |   | <b>Substantial Conformity</b> |   |
|   | 1                                    | 2 | 3 X                           | 4 |

**Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

  X   Strength                             Area Needing Improvement

### **Basis: Statewide Assessment**

The State of Delaware, DSCYF developed "Requirements for Child Placing Agencies" (DELACARE) in March, 1986. These requirements govern all agencies that place children for foster care or adoption. In June 1990, "Foster Family Care Standards" were developed by DSCYF and private providers with the assistance of the Council on Accreditation to further delineate standards for regular and specialized foster care. In addition, the DFS Policy Manual established standards and policy that regulate all aspects of foster care. DSCYF developed "Requirements for Residential Child Care Facilities" in 1986 which were updated May 1, 1999. In June, 1990, "Group Home/Residential Child Care Standards" were developed by DSCYF and private providers with the assistance of the Council on Accreditation to further delineate standards for these types of facilities. The standards set practice guidelines above those set in regulation. Foster home standards are monitored with home visits and annual reapproval procedures by Foster Home Coordinators.

### **Basis: Onsite Review**

#### **Strength**

- Stakeholders indicated that foster homes are studied according to acceptable standards, and are reviewed annually and on time.
- Stakeholders support the foster home coordinators who provide support to foster parents, coordination between other staff, and provide training.

- Stakeholders indicated that all foster parents, relatives and non-relatives, are held to the same licensing standards and that licensing reviews are conducted regularly.

**Area Needing Improvement**

None

**Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

  X   Strength                             Area Needing Improvement

**Basis: Statewide Assessment**

There are 37 residential and day treatment programs and 20 child placing agencies in Delaware. All facilities and agencies are licensed on an annual basis. Foster and adoptive home approval standards apply equally to non-relative and relative applicants, including background checks, home studies and training requirements.

**Basis: Onsite Review**

**Strengths**

- Stakeholders indicated that licensing standards for foster family homes and child care institutions are uniformly implemented on a statewide basis.

**Area Needing Improvement**

- Stakeholders expressed concern that, due to a lack of homes, some relative homes may be given waivers for certain non-safety licensing measures.

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

  X   Strength                             Area Needing Improvement

**Basis: Statewide Assessment**

The State of Delaware enacted law requiring criminal background clearances including Federal Bureau of Investigation checks on prospective foster families, adoptive families, and child care staff in the 1990 legislative session. Regulations were promulgated in July, 1992. After the passage of the Adoption and Safe Families Act in 1997, ASFA standards regarding prohibitive offenses were used when applicable. DFS performs criminal records checks on open foster families every other year; however, DFS is also alerted by the authorities if any current foster parents or child care staff have a recent arrest. DFS does not approve caregivers as foster or adoptive families if they have a prohibited offense. The Plan for Child In Care is a written document which includes a description of the child's placement; appropriateness of the plan; a plan for ensuring that the child and family receive services designed to facilitate the return of the child to a safe home or to another permanent placement; the health and educational status of the child; and when appropriate, a description of the programs and services which will facilitate the child's transition from foster care to independent living.

**Basis: Onsite Review**

**Strength**

- All counties indicated that criminal background checks on all foster care and adoptive homes are completed on a timely basis.

**Area Needing Improvement**

None

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

\_\_\_\_\_Strength                        X  Area Needing Improvement

**Basis: Statewide Assessment**

Delaware does not have sufficient foster family resources to effectively match children. Within Delaware's three counties, Sussex County has the largest supply of DFS foster homes, while Kent and New Castle Counties struggle to approve enough foster homes. Delaware's 161 private agency foster homes, which supplement DFS homes, are primarily located in these two counties.

In FY99, 64% of children in foster care were children of color as compared to 58% in 2000. The number of African American foster families in Delaware has consistently corresponded positively to the number of African American children in foster care. At the end of June 2000, African American children made up 56% of the children who entered out-of-home placement while 59% of DFS foster families and 50% of private agency foster families were African American. In State FY2001, DFS developed a contract with an African American foster parent who acts as a Foster Parent Recruitment Assistant in New Castle County. Latino children made up less than 2% of children who entered care in FY1999. DFS has a contract with a private agency with Latino staff and foster parents to service this population of children.

Currently, DFS does not approve adoptive families. This is done by contracted agencies that are responsible for the training, approval and post placement supervision of adoptive families. A change may occur in the next state fiscal year as Delaware is planning to consolidate the application, training and supervision for foster and adoptive families into one process. In contrast to the State's success in recruiting African American foster families, DFS has work to do in finding adoptive placements for African American children. At the end of November 2000, 61 out of 67 children freed for adoption with no adoptive resource identified were African American. Recruiting African American adoptive families is an area in need of attention for DFS. DFS has a contract with a private agency to promote adoptive home recruitment in African American churches - the "One Church, One Child" program. This year, the "One Church, One Child" program has expanded to churches in Kent and Sussex counties and had a church service on November 19, 2000 to celebrate adoption as part of national Adoption Month. There were two Culture Day events in Delaware in November, 2000, one in New Castle County and one for Kent and Sussex counties. The sponsors for these

events are the Interagency Committee on Adoption, AFIS (Adoptive Families with Information and Support) and the Division of Family Services. These agencies provided representatives who were available to answer questions and discuss the processes and requirements for domestic and foreign adoptions. Information was also available for anyone considering becoming a foster parent. Due to good media coverage, 250 people attended each event.

DFS has also stepped up recruitment activities to recruit and retain foster and adoptive families of ethnic and racial diversity. Throughout the year, the Division attends a number of community events with the hope of attracting additional foster and adoptive parents. In May (Foster Care Month) and November (Adoption Month) of each year, the local newspapers write articles and conduct interviews with foster and adoptive families in an effort to increase awareness of the programs.

### **Basis: Onsite Review**

#### **Strengths**

- Stakeholders reported that a One Church - One Child program is underway.
- State stakeholders reported that new efforts are underway to increase use of the media in foster and adoptive parent recruitment.
- A statewide foster care reform taskforce has been created to increase recruitment and improve foster parent retention.
- Foster parents indicate that the Foster Home Coordinators are their "guardian angels".

#### **Area Needing Improvement**

- Stakeholders in New Castle County reported that there are not enough homes to meet the needs of children coming into care, especially those with special needs such as behavioral issues.
- Kent county stakeholders reported a general lack of foster homes; a lack of parent groups to support and recruit families; no on-going or consistent recruitment plan for foster homes; a lack of sufficient adoptive homes; and no kinship foster care program.
- Sussex County stakeholders reported no on-going recruitment efforts for foster parents and a lack of Spanish-speaking parent aides and other providers.
- State stakeholders report that additional Foster Home Coordinators are needed to improve recruitment.



**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

  X   Strength                             Area Needing Improvement

**Basis: Statewide Assessment**

DFS with the assistance of the National Adoption Center has developed a photo-listing book for children free for adoption. All children who are available for adoption are listed with the National Adoption Center. In addition additional recruitment activities for waiting children, i.e. newspaper articles, local TV shows are done for these children. The National Adoption Center has some of Delaware's children listed on the Internet's Faces of Adoption website. This has been a successful effort as seen by the number of families from other states that have inquired about adopting a child from Delaware. Delaware has placed approximately 12 children in adoptive placements in other states this year. Overall, the number of children adopted continues to grow. In 1998, 34 DFS children were adopted while in 1999, 36 children had their adoptions finalized. In 2000 the State projects that 94 children will be adopted.

**Basis: Onsite Review**

**Strength**

- Sussex County stakeholders reported regular use of photolistings and Internet services to facilitate cross-jurisdictional adoptive placements.
- New Castle County and Kent County workers indicated DFS is using national exchanges to locate placements for children.
- Kent county stakeholders reported that the State has contracts with a variety of cross-state adoption agencies and that significant numbers of children have successful cross-state placements.

**Area Needing Improvement**

None

**Status of Foster and Adoptive Parent Licensing, Recruitment and Retention - Substantial Conformity**

## **DETERMINATION OF SUBSTANTIAL CONFORMITY**

For each outcome and systemic factor listed below, mark “**Y**” where the State is determined to be in substantial conformity and “**N**” where the State is determined not to be in substantial conformity. For each outcome or systemic factor marked “**N**,” place a check beside the performance indicator, listed by item number in this form, that has been determined to be an area needing improvement.

### **Safety**

  N   Outcome S1

\_\_\_\_\_ Item 1  
  x   Item 2

  N   Outcome S2

\_\_\_\_\_ Item 3  
  x   Item 4

### **Permanency**

  N   Outcome P1

\_\_\_\_\_ Item 5  
 \_\_\_\_\_ Item 6  
  x   Item 7  
 \_\_\_\_\_ Item 8  
  x   Item 9  
 \_\_\_\_\_ Item 10

  N   Outcome P2

\_\_\_\_\_ Item 11  
 \_\_\_\_\_ Item 12  
  x   Item 13  
 \_\_\_\_\_ Item 14  
 \_\_\_\_\_ Item 15  
 \_\_\_\_\_ Item 16

### **Child and Family Well-Being**

  N   Outcome WB1

  x   Item 17  
 \_\_\_\_\_ Item 18  
 \_\_\_\_\_ Item 19  
 \_\_\_\_\_ Item 20

  N   Outcome WB2

  x   Item 21

  Y   Outcome WB3

\_\_\_\_\_ Item 22  
 \_\_\_\_\_ Item 23

### **Systemic Factors**

  Y   Statewide Information System

\_\_\_\_\_ Item 24

  Y   Case Review System

\_\_\_\_\_ Item 25  
 \_\_\_\_\_ Item 26  
  x   Item 27  
 \_\_\_\_\_ Item 28  
 \_\_\_\_\_ Item 29

  Y   Quality Assurance System

\_\_\_\_\_ Item 30  
 \_\_\_\_\_ Item 31

  Y   Training

\_\_\_\_\_ Item 32  
 \_\_\_\_\_ Item 33  
 \_\_\_\_\_ Item 34

  Y   Service Array

\_\_\_\_\_ Item 35  
 \_\_\_\_\_ Item 36  
 \_\_\_\_\_ Item 37

  Y   Agency Responsiveness to the Community

\_\_\_\_\_ Item 38  
 \_\_\_\_\_ Item 39  
  x   Item 40

  Y   Foster and Adoptive Parent Licensing, Recruitment, and Retention

\_\_\_\_\_ Item 41  
 \_\_\_\_\_ Item 42  
 \_\_\_\_\_ Item 43  
  x   Item 44  
 \_\_\_\_\_ Item 45

## **Resolution of Discrepancies**

The Delaware Child and Family Services (CFS) review identified three areas where information in the statewide assessment was not consistent with information on corresponding performance indicators obtained during the onsite review. Delaware was asked to help resolve these discrepancies before a final determination of substantial conformity was made.

The areas of inconsistency were:

### **1. Safety Outcome #1, Item 2. Repeat maltreatment**

Although the State's aggregate data met the national standard for this indicator (national standard 6.1%, State percentage 2.15%), the onsite review determined that only 87.1% of the cases reviewed (eight cases were not applicable) were rated as strengths. The State provided additional information on three cases in an attempt to achieve the 90% level.

The regional office reconsidered the onsite review procedures and concluded that the lack of repeat maltreatment reports should be rated a strength and, as a result, changed several cases accordingly among all three sites in Delaware. This resulted in a reduction of the number of Not Applicable cases from eight to two.

In addition the regional office reviewed the additional information on the three cases and concluded that the initial review findings should stand. Overall, the case rating for Substantial Achievement of Safety Outcome # 1 was established at 86.49%. This includes 32 (86.49%) - Substantially Achieved, 4 (10.81%) - Partially Achieved, 1 (2.70%) - Not Achieved and 2 - Not Applicable.

### **2. Permanency Outcome #1, Item 5. Foster care re-entries**

The State failed to meet the national standard (national standard 8.6%, State percentage 15.47%). However the onsite review found this indicator to be a strength in the cases reviewed (twenty-one out of twenty-three cases or 91.3%, with sixteen cases not applicable). This was due to no multiple re-entries into foster care or re-entries for appropriate reasons when they did occur.

The State completed a study of the children who reentered foster care during FY 1999 and concluded that only 6.3% were actual re-entries. The study found errors in coding, omissions and incorrect data entry had caused the problem.

The results of the State study were accepted and the change was made in foster care re-entries which placed Delaware above the National Standard for Permanency Outcome P1.

### **3. Permanency Outcome #2, Item 12, Placement with siblings**

State data reports for CY 2000, contained in Delaware's Statewide Assessment, indicate that only 31% of siblings were initially placed together. However the onsite review found this indicator to be a strength in the cases reviewed due to the agency's attempts to place siblings together or to separate them when appropriate.

Delaware provided information that the data was not valid because it was from a new system and was based on only 40 cases from the first two quarters of CY 2000.

The regional office accepted the onsite review findings in Delaware indicating the placement of siblings as a strength. The sibling placement data were deleted from the Final Report.

## **Overall Observations**

The review provided an opportunity to draw several general conclusions about Delaware's child and family services programs. It is evident that Delaware employs efficient and effective staff who are committed to providing services to children and families.

There is a meaningful commitment to child safety from all levels of the administration including the Governor of Delaware, the Secretary of the Department of Services to Children, Youth and Their Families, agency staff and stakeholders. This is evidenced by Delaware's timely investigation of reports of maltreatment.

An outstanding approach toward collaborative planning for children entering foster care in Delaware has been developed. In addition, there is a significant commitment to permanency for children in the Delaware child welfare system demonstrated by the Statewide Aggregate Data Report. This data indicates that Delaware meets the national standards for Length of Time to Achieve Reunification and Stability of Foster Care Placements.

The State should improve coordination between the Divisions within the Department of Services to Children, Youth and Their Families to promote shared vision and common mission and to achieve better outcomes. Furthermore, there is a need for the agency to improve communication with foster families, include them as part of the team, and provide them with more support and service resources. This will help improve foster parent retention.

## **Promising Practice**

The Child and Family Services Review in Delaware revealed a promising practice that will be submitted to the Children's Bureau. Delaware's effort to stabilize the workforce is commendable and warrants recognition. This practice will be shared with other States. The review confirmed one of the important strengths of the Delaware child welfare program is the excellent staff who are committed to working with the children and families who need their service.

The review revealed that Delaware was faced with high turnover rates and difficulties in retaining staff. Through a variety of approaches the State has been able to reverse this trend. It is clear that stabilizing the turnover rate has produced a significant improvement in child welfare practice and service delivery.

Efforts to reduce turnover include:

- raising pay;
- hiring more workers;
- establishing case load standards based on the Child Welfare League of America;
- hiring new staff as "over hires" to make sure that replacements are available as workers leave;
- adding a fourth level of worker classification;
- improving pre-service training by providing coaches and mentors for new workers; and
- developing new child welfare video training tapes.

These changes have improved child safety and service delivery for families and children. It was evident from the review of cases that casework practice has improved during the most recent period of review, from October 1, 1998 to the present.

To permit continuing improvements in child welfare practice, ACF believes that Delaware's efforts to stabilize it's child welfare workforce must continue.

## **Program Improvement Plan**

The review has determined that Delaware has not substantially achieved six outcomes. Therefore, a Program Improvement Plan (PIP) is required. This PIP must include measures to bring each outcome up to substantial achievement and measures to bring the statewide data indicators up to the national standard (or the amount of progress negotiated by the State and the Regional Office). Safety outcomes determined not to be in substantial conformity must be given priority in the PIP and addressed in less than two years.

## **Penalty**

Penalties are deferred while the State implements its Program Improvement Plan. The State is held accountable for meeting the milestones detailed in the Plan and ultimately completing the Plan successfully. We will assess penalties commensurate with the extent of the non-compliance if the State does not meet the milestones or does not complete the Plan. The penalty is one percent for each of the six outcomes for a total of six percent of the pool of the State's IV-B allotment and 10 percent of the State's claims for Title IV-E administrative costs for the year under review.

States that are determined to be in nonconformity on the basis of a second full review will be assessed a penalty increased to two percent for each outcome and systemic factor that continues in nonconformity for a maximum of 28 percent of the State's penalty pool. The second full review will be conducted two years after the approval of the program improvement plan.

Delaware's penalty calculation is as follows:

### Title IV-B Allotment for FY 2001

Subpart 1 705,078

Subpart 2 618,571

Total \$1,323,649

### IV-E - Administration for FY 2001 (estimated)

\$8,481,682

10 % = \$848,168

Total Penalty Pool - \$2,171,817

Total Estimated Penalty (6%) - \$130,309

## **Time Frames**

This report is being submitted to Delaware within the required time frame of 30 days following the completion of the resolution of three inconsistencies following the completion of the on-site review. Delaware is required to submit a completed Program Improvement Plan (PIP) to the Region III Office within 90 days of receipt of this full report.

Region III staff will help Delaware develop a Program Improvement Plan that addresses the areas noted in the report not in substantial conformity. The Regional Administrator will review the PIP and notify the State as to approval or disapproval. If the PIP is not approved, Delaware has 30 days to submit a revised PIP to the Regional Administrator.



## **List of Reviewers**

### **Delaware Child and Family Services Review Team Members**

#### **STATE LEVEL TEAM LEADERS**

Jerry Milner (CB)  
Gary Koch (RO3)  
Candace Charkow (DE)

#### **LOCAL TEAMS**

##### **Site 1: New Castle County (16 cases)**

Site Coordinator: Shirley Roberts  
Team Leaders: Linda Mitchell (RO1), Bob Ellis (RO3)

Andrea Guy (DC) - Fed. Reviewer  
Louise Clark (DE Team - Group Home Contractor)

Will Hornsby (CB) - Fed. Reviewer  
Anne Pedrick (DE Team - Office of Child Advocate)

Dave Lett (RO3) - Fed. Reviewer  
Gail Womble (DE DFS)

Christine Craig (RO3) - Fed. Reviewer  
Keith Zirkle (DE DFS)

Kira LeBanc - Peer Reviewer  
Dorothy Lamb (DE DYRS)

##### **Site 2: Kent County (12 cases)**

Site Coordinator: Ione Truesdale  
Team Leaders: Jane Morgan (CB)

Sandra Sink (NC) - Fed. Reviewer  
Susan Taylor-Walls - (DE DFS)

Elaine Squadrito (CB) - Fed. Reviewer  
Lynn Shreve (DE Team - CASA)

Alan Ademski (RO3) - Fed. Reviewer  
Lisa Distefano (DE DYRS)

Ann Burds - Peer Reviewer  
Denise Surdukowski - (DE Team - Foster Parent)

**Site 3: Sussex County (11 cases)**

Site Coordinator: Van Warrington  
Team Leaders: Miranda Lynch (CB), June Lloyd (RO6)

Cheryl Alesander (AR) - Fed. Reviewer  
Maria Matos (DE. LACC)

Dick Gilbert (RO3) - Fed. Reviewer  
Bob Lindecamp (DE DFS)

Jodi Hill - Peer Reviewer  
Frank Perfiniski (DE DFS)

Joan Cicione - Peer Reviewer  
Mary Polk (DE DFS)